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Experiences of incarcerated veterans: A qualitative study

Abstract

A qualitative study designed to explore the experiences of incarcerated military veterans was conducted. Eleven inmates who identified as military veterans were interviewed about their premilitary, during military, and postmilitary experiences. These interviews were coded and analyzed according to grounded theory methodology. Out of these data a model for understanding the relationship between military involvement and later criminal behavior was developed. The resulting model described a series of life experiences that flowed from a perception of fairly well-adjusted childhoods in early life to an ultimate disconnection from society as adults. Specifically, interviewees talked about two premilitary factors: Belief in a Normal Childhood and growing up in a Military Environment. Upon entering the military, participants described Initial Positive Adjustment, followed by Military Disillusionment. As a result of their military involvement, nearly all participants came to experience a sense of disconnection from society that involved experiences of Reintegration Difficulties, Lack of Support/Sense of Injustice, and Continued Military Identity, that occurred after active duty.

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EXPERIENCES OF INCARCERATED VETERANS: A QUALITATIVE STUDY

A DISSERTATION
SUBMITTED TO THE FACULTY
OF
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PACIFIC UNIVERSITY
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A qualitative study designed to explore the experiences of incarcerated military veterans was conducted. Eleven inmates who identified as military veterans were interviewed about their premilitary, during military, and postmilitary experiences. These interviews were coded and analyzed according to grounded theory methodology. Out of these data a model for understanding the relationship between military involvement and later criminal behavior was developed. The resulting model described a series of life experiences that flowed from a perception of fairly well-adjusted childhoods in early life to an ultimate disconnection from society as adults. Specifically, interviewees talked about two premilitary factors: Belief in a Normal Childhood and growing up in a Military Environment. Upon entering the military, participants described Initial Positive Adjustment, followed by Military Disillusionment. As a result of their military involvement, nearly all participants came to experience a sense of disconnection from society that involved experiences of Reintegration Difficulties, Lack of Support/Sense of Injustice, and Continued Military Identity, that occurred after active duty.

Keywords: military, veterans, incarcerated veterans, criminal behavior, qualitative,

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Introduction

Approximately 12% of the national inmate population is comprised of military veterans, and incarcerated veterans have been convicted of violent crimes at a higher rate than the general prison population (Mumola, 2000). Previous researchers have theorized that criminal behavior perpetrated by military veterans might be linked with level of combat exposure and/or development of combat-related posttraumatic stress disorder (PTSD; Barrett, Foy, Resnick, & Dansky, 1996; Booth-Kewley, Larson, Highfill-McRoy, Garland, & Gaskin, 2010; Wilson & Zigelbaum, 1983; Yager, 1984). However, little research describes in detail the experiences of military veterans who have been incarcerated after their military service.

The majority of research examining a link between military experience and later criminality has been composed of quantitative approaches. Although these studies give useful data, they are unable to help researchers explain the factors that influence this relationship. The few qualitative studies that do exist have primarily been concerned with the influences of military culture on identity, without an in-depth examination of factors leading to criminality. The purpose of the current study was to explore the experiences of military veterans who were incarcerated after military service. A grounded theory design was utilized to gain information and analyze the data with the ultimate goal of forming a theory on the relationship between military involvement and later antisocial behavior.

Literature Review

Research on the relationship between military culture and later life difficulties has seen a sharp upswing in recent years and is fast becoming an area of interest. The following review will focus on specific areas that relate to the research question. These topic areas are: military masculinity, military experience and adjustment difficulties, military experience and substance abuse, combat exposure and criminality, combat-related posttraumatic stress disorder (PTSD) and criminal behavior, and finally, premilitary factors.

Military Masculinity

The military exists as a microculture within society at large, with its own traditions, hierarchy, and values. Recruitment into the military marks the first steps toward indoctrination into the culture; this culture is further reinforced throughout boot camp, service, and discharge (Arkin & Dobrofsky, 1978). Military socialization is an important factor in maintaining the tightly controlled order of the “military machine” (Arkin & Dobrofsky, 1978, p. 158). Deviation from military values is problematic because it could undermine the efficiency of soldiers in combat and result in lost battles and lost lives. As such, military culture carries a strong emphasis on factors related to survival in the face of adversity, such as physical strength, detachment from emotion, and anger and aggression as methods of control (Arkin & Dobrofsky, 1978; Karner, 1998; Shefer & Mankayi, 2007). The emphasis on such traits has been referred to by Karner (1998) as “military manhood” (p. 210) or “organizational masculinity” (p. 215) and will

be referred to here as military masculinity. Not all military recruits go on to develop military masculinity, and the factors that influence its development in individuals are largely unknown. Additionally, the percentage of women who enlist in the military continues to increase and might affect the pervasiveness of military masculinity as an outcome of military involvement. However, further research is needed to describe possible influences of this effect (Arkin & Dobrofsky, 1978; Karner, 1998; Shefer & Mankayi, 2007).

Arkin and Dobrofsky (1978) conducted a study on the socialization process of Vietnam veterans. They reviewed relevant research literature, including past interviews with veterans, to analyze the relationship between ideas of masculinity and military socialization. They noted that the military offered prospective recruits the promise that “the Army will make a man out of you” (p. 154) and pointed out that recruiters advertised the military as a tool for growing up and target students out of high school. Once recruited, new Army enlistees went on to pursue becoming their idea of a real man through basic training, also known as boot camp. Basic training was designed to shape the recruit into a military disciple, indoctrinated into military culture. The skills learned in this training came to define masculinity and manhood, and the enlistees equated manhood with the skills needed for survival in combat. The images of man and soldier became synonymous. Only by shaping themselves into this idealized image of a military man could enlistees prove their value as soldiers.

Karner (1998) interviewed a group of male Vietnam veterans to explore how they shaped their ideas of masculinity. The participants were patients in a unit of a Department

of Veterans Affairs (VA) hospital for individuals diagnosed with PTSD. Their findings mirrored those of Arkin and Dobrofsky (1978) in regard to the motivations behind military recruitment. Karner found that one of the core themes among the interviewees was the desire to achieve manhood through military service. A majority of the participants had voluntarily enlisted in the military and many believed that military enlistment would help them become men. According to Karner, new military recruits often welcomed the challenges of military training, specifically boot camp, because they viewed it as a rite of passage towards becoming real men or, more specifically, military men. A military man was described as the perfect soldier, “tough, invincible, and ready to fight” (p. 215).

Arkin and Dobrofsky (1978) identified one key component of the perfect soldier as physical strength, which they described as being “a milestone in the progression into masculinity” (p. 155). The pursuit of physical strength has been viewed by soldiers as a survival mechanism during active duty, and it has come to represent a core value of one’s manhood and identity as a soldier (Arkin & Dobrofsky, 1978; Karner, 1998). However, the emphasis on physical strength was paired with the importance of emotional suppression (Arkin & Dobrofsky, 1978).

Karner (1998) described the importance of suppressing emotion during military training and combat as a way of presenting the desired image of masculinity. Soldiers were taught to devalue emotions such as sadness and fear because these were a sign of weakness and might lead to an error in combat. As one soldier described, “no feelings, no pain, you know, just kill, okay?” (p. 217). Anger was the only acceptable emotion

because it lent soldiers a sense of control during combat; afterward, anger helped them cope with the traumas of battle. As Karner described, the only proper way to mourn the death of a comrade who was killed in combat was to kill the enemy in return. Any process of mourning or grief was looked down upon by other soldiers. This suppression was fostered as a survival tactic. Whereas feelings of sadness might lead to a less efficient soldier, feelings of anger provided a sense of control and accomplishment in an otherwise chaotic environment. The combination of physical strength, emotional control, and anger became synonymous with respect because it proved one's identity as the ideal military man.

Within the military culture, "principles of competition, aggression, power, and control" (Shefer & Mankayi, 2007, p. 192) have been widely endorsed as a means of proving one's value as a soldier and as a man. Shefer and Mankayi (2007) conducted qualitative interviews with a group of officers who were studying at a military academy located in the Western Cape in South Africa to learn more about this expression of masculinity within the military. Their findings supported previous research in that a primary asset of masculinity was physical strength and fitness. They also found that the level of risk and dangerousness in one's position added to perceptions of manhood. One participant claimed that his corps (Intelligence) was masculine based on the difficulty of his job, and another interviewee ranked his corps (Parachuting) as masculine because the work was dangerous and gave him a greater "sense of being a 'real man'" (p. 201). Taken together, the information gathered from these studies points towards a consensus of

military culture as being closely intertwined with ideals of physical prowess, emotional suppression, and the esteem of anger and risk.

Military Experience and Adjustment Difficulties

Several studies have demonstrated a link between military service, incarceration, and adjustment difficulties, such as inadequate housing and mental health issues.

According to the U.S. Department of Justice (Mumola, 2000), inmates with a military background had also experienced homelessness, substance abuse, employment difficulties, and mental health issues. Approximately 19% were mentally ill during incarceration and 12% had been homeless in the years preceding incarceration.

Approximately 80% of these veterans also had discharges that would make them eligible for services from the Department of Veterans Affairs (VA).

Shaw, Churchill, Noyes, and Loeffelholz (1987) were interested in maladaptive behaviors of incarcerated and nonincarcerated veterans both before and after military involvement. The incarcerated veterans were 31 male Vietnam veterans who were imprisoned in the state of Iowa as the result of a felony conviction; the 30 nonincarcerated veterans had been previously been contacted by the VA in Iowa City for a medical evaluation and had served in Vietnam during the use of Agent Orange. All participants were assessed regarding their premilitary, active duty, and postmilitary experiences. Results showed that rates of PTSD were equivalent in the incarcerated and nonincarcerated veterans. However, relative to the nonincarcerated veterans, twice as many of the incarcerated veterans had a history of criminal confinement prior to the military and had failed a grade in school. Of the incarcerated group, 45% had dropped out

of school prior to service, compared to around 33% of the nonincarcerated group. Following service, incarcerated veterans had a modal employment term of two to five years, whereas the modal term for nonincarcerated veterans was five to 10 years. This finding was similar to the results for length of marriages: the marriages of incarcerated veterans lasted approximately three to five years, whereas those of nonincarcerated veterans lasted five to 10 years. In sum, incarcerated veterans seemed to have experienced more difficulties than nonincarcerated veterans both before and after service.

Black et al. (2005) also compared possible mental, medical, and social difficulties experienced by veterans. Unlike previous studies using Vietnam veterans, their sample was restricted to 3,695 male and female veterans who had served active duty during the Gulf War. Participating veterans must have resided in Iowa at the time of their original enlistment. Participants completed the PTSD Checklist, the Primary Care Evaluation of Mental Disorders (PRIME-MD), and the Marlow-Crowne Social Desirability Scale. They also reported whether or not they had “ever attempted to (C)ut back on drinking; ever been (A)nnoyed by others’ criticism of their drinking; ever felt (G)uilty about their drinking; or ever needed a drink first thing in the morning as an (E)ye opener” (referred to as a CAGE assessment; Mumola, 2000, p. 10). Results showed that veterans who had ever been incarcerated reported higher rates of utilization of both psychiatric and medical services in the year preceding the study compared to their nonincarcerated peers. These services included visiting a mental health professional, outpatient services, and use of psychiatric medication. The group of Gulf War veterans who had ever been incarcerated endorsed receipt of “medical disability status” (p. 614) at 6 times the rate of

nonincarcerated veterans. They were also more than 3 times as likely to endorse dysthymia as nonincarcerated veterans and 2 times as likely as nonincarcerated veterans to report anxiety, alcohol abuse, and asthma.

Milliken, Auchterlonie, and Hoge (2007) assessed adjustment difficulties postmilitary service in a sample of 88,235 U.S. marines who had served during the Iraq war. A majority of the sample were men and had either served active duty or been in the reserves. Upon return home after deployment, they completed the Post-Deployment Health Assessment (PDHA); 6 months later, they also completed the Post-Deployment Health Re-Assessment Form (PDHRA). Both of these measures assessed depression, PTSD symptoms, suicidal ideation, and interpersonal conflicts. Upon comparing the two assessments, Milliken et al. found that reserve soldiers showed larger increases in mental health and interpersonal difficulties than did active duty soldiers, despite having experienced similar exposure to traumatic combat experiences. However, both types of soldiers experienced an increase in mental health and interpersonal problems after 6 months, with the largest increase being in the area of interpersonal conflict. Active duty soldiers showed increases of approximately 3–14%, whereas reserve soldiers had an increase of 4–21%. The authors theorized that reserve soldiers may have had such high increases because they may have had more difficulty obtaining health care and other forms of support for deployment-related activities than their active-duty counterparts. Overall, these results indicate a number of life difficulties occurring after military service that might be specifically influenced by military position.

One of the most extreme form of life difficulty that might occur following military experience is the possibility of self-harm. Conard (1998) conducted a study of 205 male and female patients at the Naval Medical Center in Portsmouth, Virginia. Patients consisted of active duty service members who had been referred to the center's Department of Psychiatry for treatment. Conard collected data from the case files of all study participants and also a narrative summary prepared by a psychiatric resident and an attending psychiatrist. He found that 87% of inpatient military personnel experienced suicidal ideation, 26% had a history of suicide attempt, and 14% had expressed both homicidal and suicidal ideation. In summary, military veterans seem to experience a large number of life difficulties, such as medical problems, mental health difficulties, unemployment, and interpersonal conflict, upon ending service.

Military Experience and Substance Abuse

Research suggests a link between military experience and substance use that has existed from the Vietnam War through present day. A U.S. national epidemiologic study of data collected in 1977 demonstrated that active-duty Vietnam-era veterans had significantly higher rates of binge drinking and general alcohol use than did Vietnam veterans who had not served overseas, veterans from other eras, or nonveterans (Boscarino, 1981). According to Brende (1983), soldiers in Vietnam often used drugs, such as opiates, as a form of self-medication in response to the stress of combat. Robins conducted a survey of U.S. army enlistees regarding their use of opiates prewar, during service, and postwar. Results showed that rates of opiate addiction were elevated during service but decreased to prewar levels following service. The opposite was found for

alcohol abuse, which declined during service only to increase after service to levels higher than prewar rates (Robins, 1975).

More recently, research examining the use of substances and alcohol among incarcerated veterans has demonstrated mixed results. A previously mentioned survey by the U.S. Department of Justice (Mumola, 2000) demonstrated numerous findings in regard to rates of drug and alcohol use by incarcerated veterans. Regarding drug use, results showed that veterans in state prisons were slightly less likely than nonveterans to endorse a history of drug use (79% vs. 84%, respectively). At the federal level, veterans and nonveterans had the same levels of endorsement of past drug use (73%). Incarcerated veterans at both the state and federal level were less likely to have endorsed drug use during the month prior to their instance offense (45% and 40%, respectively) compared to their nonveterans counterparts in state and federal prison (58% and 46%, respectively). Veterans in federal prison were about as likely to have committed their index offense while under the influence of drugs as were nonveterans, whereas veterans in state prison were less likely to have committed their index offense while under the influence of drugs than were nonveterans. The population of incarcerated veterans was also divided into veterans who had served in active combat and those who had not. Active combat veterans were less likely to endorse either a history of drug use (69%) or drug use in the month leading to their instant offense (30%), compared to noncombat veterans at the same time points (82% and 49%, respectively). Regarding alcohol use, the survey incorporated items from the CAGE diagnostic measure to examine likelihood of alcohol abuse or dependence among the prison population. Using the CAGE measure, veterans in state

prison endorsed more items indicating possible alcohol abuse or dependence (31%) than did nonveterans (24%). In federal prisons, these numbers decreased but still showed the same trend, with 21% of veterans endorsing multiple CAGE items, compared to 15% of nonveterans. Veterans in both state and federal prisons reported higher incidents of drunk driving (59% and 55%, respectively) than did nonveterans in state and federal prisons (45% and 41%, respectively). The groups of combat and noncombat veterans showed similar rates of alcohol dependence (28% and 31%, respectively). Overall, these findings seem to indicate a pattern wherein incarcerated veterans were more likely to endorse heavy drinking than were their nonveteran counterparts. Similar to the results of the U.S. Department of Justice survey, Pentland and Rothman (1982) found that Vietnam veteran inmates in California were also less likely to have a history of drug abuse than were other inmates. In contrast, Landolfi and Leclair (1976) reported that incarcerated veterans in Massachusetts were more likely to have used substances than were nonveterans.

Several researchers have examined rates of alcohol and drug abuse among incarcerated and nonincarcerated veterans. Shaw et al. (1987) compared groups of incarcerated and nonincarcerated Vietnam veterans to investigate the relationship between combat stress, PTSD, and substance abuse. They found that incarcerated veterans had higher levels of both substance and alcohol abuse relative to the nonincarcerated veterans. Approximately 71% of incarcerated veterans had been diagnosed with alcohol abuse and 58% had a history of drug use, compared with 43% and 30% of nonveterans, respectively. All veterans diagnosed with PTSD had diagnoses of drug abuse or dependence, compared with only 31% of incarcerated veterans who did not

have PTSD (Shaw et al., 1987). In the aforementioned study by Conard (1998), 61% of the patients had a diagnosis of substance abuse or substance dependence. Conard also found a strong positive correlation between the patient's substance use and endorsement of "frequent fighting" (p. 595; this term was not defined further by the author).

Other researchers looked at differences in incarceration rates in relation to veteran receipt of substance abuse related services. Rosenheck, Banks, and Pandiani (2000) examined the incarceration rates of a sample of male veterans receiving behavioral health services from the Department of Veterans Affairs (VA). They found that the incarceration rate of veterans receiving either substance abuse services only or substance abuse services along with mental health services was significantly higher than the rate for those veterans not receiving any substance-related service. Pandiani, Rosenheck, and Banks (2003) conducted a similar study of male veterans receiving services from the Department of Veterans Affairs (VA) in Florida. Their sample included 12,805 veterans who received services for psychiatric, substance abuse, or medical issues. Results showed that veterans who received substance abuse treatment, whether alone or with another service type, had a higher likelihood of arrest than did veterans not receiving those services. Veterans participating in treatment groups for substance use and mental health were over 4 times as likely as were men in the general population to be arrested. This likelihood increased among veterans who were involved in substance abuse treatment only, who were 6 times as likely to be arrested as were men in the general population. No significant differences were found between the arrest rates of veterans receiving

treatment for mental health or health care issues only and the arrests rates of the general population.

Combat Exposure and Criminality

Studies from the late 20th century indicated a trend wherein high numbers of military veterans appeared to be incarcerated. According to the U.S. Department of Justice (Mumola, 2000), out of a total of approximately 25 million veteran residents in the general U.S. population, roughly 225,700 of these veterans were in prison or jail. This number represented an increase from 571 adult male veterans in prison per 100,000 male veteran residents in 1985 to 937 per 100,000 in 1998 (Mumola, 2000). In a random selection of 12,000 state prison inmates throughout the country, 25% of the prisoners were identified as veterans, and 60% of those veterans in prison were former soldiers of the Vietnam War specifically (U.S. Department of Justice, 1981). The National Vietnam Veterans' Readjustment Study (1990) showed that nearly half of the sample reported engaging in at least one incident of violence in the past 12 months (Kulka et al., 1990). These findings suggested that a disturbingly high percentage of veterans made up the national correctional population or had a history of violent behavior after discharge.

Similar results were found when looking at state statistics. Kehrer and Mittra (1978) surveyed eight correctional facilities in Pennsylvania and found that a quarter of the prisoners were veterans. Half of these inmate veterans were from the Vietnam era. Pentland and Rothman (1982) conducted a study in collaboration with the California Department of Corrections to look at the number of incarcerated veterans in California and found that 13% of the inmate population were veterans and that, similar to prior

findings, half of those veterans had served in Vietnam. The combined results from these studies suggested that veterans made up a sizeable percentage of the national correctional population. Additionally, a substantial number of incarcerated veterans at the time of these studies represented the Vietnam cohort. However, given when these studies were conducted, this finding might not accurately represent the current percentage of Vietnam era veterans in prison.

More recently, an updated survey by the U.S. Department of Justice in 2004 (Noonan & Mumola, 2007) showed that the percentage of incarcerated veterans had declined over prior decades. Out of an estimated 24,523,300 veterans in the general U.S. population in 2004, approximately 140,000 of those veterans were incarcerated, compared to 153,100 veterans in 2000. Noonan and Mumola noted that “the incarceration rate of veterans (630 prisoners per 100,000) was less than half that of nonveterans (1,390 prisoners per 100,000)” (p. 1). They attributed this lower rate partly to the age of military veterans. Specifically, they stated that incarceration rates tend to drop among older men and that 65% of male veterans were at least 55 years old, compared to 17% of nonveteran males.

A sizeable percentage of veterans have been incarcerated for crimes that are violent in nature. A previously mentioned study by the U.S. Department of Justice (Mumola, 2000) indicated that 35% of incarcerated veterans had been convicted of homicide or sexual assault, compared to 20% of nonveteran inmates. Noonan and Mumola (2007) noted that, in state prisons specifically, 57% of veterans in 2004 had been sentenced for violent crimes, compared to 47% of nonveteran inmates, and veterans were

more than twice as likely as nonveteran inmates to carry convictions for sexual assault (23% and 9%, respectively). Additionally, veteran inmates convicted of a violent offense were more likely than nonveteran inmates to victimize only females during their offense (60% and 41%, respectively) and were twice as likely as nonveteran inmates to have a child victim (20% and 10%, respectively). Veteran inmates were more likely than nonveteran inmates to be first-time offenders, to have had full-time employment prior to incarceration, and to have received longer sentences than their nonveteran counterparts.

Previous studies suggest that a high level of combat exposure might be strongly linked with later violence and antisocial behavior in veterans (Barrett et al., 1996; Black et al., 2005; Frey-Wouters & Laufer, 1986; Milliken et al., 2007). Barrett et al. (1996) studied the relationship between combat experience and adult psychosocial adjustment in a sample of Vietnam veterans. Veterans were classified into one of four levels of combat exposure, ranging from low to very high. Controlling for childhood antisocial behaviors and PTSD, the authors found a significant association between level of combat exposure and postmilitary antisocial behavior. Of those individuals in the very-high-exposure group, 64% reported violent behavior, such as “hitting or throwing objects at a partner more than once, hitting a partner such that it resulted in bruising . . . or fighting with a nonpartner more than one time.” (p. 580). Approximately 54% of the high-exposure group exhibited this same level of violence, followed by 43% in the medium-exposure group, and only 36% in the no/low-exposure group.

Yager (1984) examined 1,342 Vietnam veterans who had been classified into high- and low-combat groups. Veterans who were incarcerated or who resided in a state

hospital at the time of the study were excluded. Nearly a quarter of the high-combat group had been arrested at some point after their return from Vietnam, compared to approximately 6% of the low-combat group. Almost 5% of the high-combat group had been arrested specifically for violent crimes, compared to only 0.6% of the low-combat group. Similarly, Frey-Wouters and Laufer (1986) found that veterans involved in heavy combat self-reported that they had committed more violent acts than did veterans involved in low combat; these acts did not always result in an arrest.

Level of combat exposure has also been linked to postmilitary aggression and antisocial behavior. Boulanger (1986) looked at the incidence of fighting among former combat veterans, noncombat veterans, and nonveterans. Relative to the other two groups, combat veterans were involved in significantly more fights, had more often used weapons in their fighting, and had more often hurt someone so badly that medical attention was required. This pattern of violence was also more likely to continue for over 10 years following military service among the combat veterans group. No significant differences were noted between the group of noncombat veterans and the group of nonveterans. Beckman, Feldman, and Kirby (1998) sampled a group of 151 Vietnam veterans who received treatment for PTSD at an outpatient clinic in order to analyze a possible relationship between exposure to wartime atrocities, PTSD, and violence. Participants completed the following measures of combat exposure: the Atrocities Exposure Subscale, the Clinician-Administered PTSD Scale, the Combat Exposure Scale, the Davidson Trauma Scale (DTS), the Mississippi Scale for Combat-Related PTSD, Diagnostic Version, the Overall Violence Index (OVI), Trauma-Related Guilt Inventory (TRGI), and

a subscale from the Vietnam Era Stress Inventory. Results showed that the vast majority of participants (93%) had engaged in abusive violence during wartime, and 82% reported “direct involvement in atrocities” (p. 780). The authors found significant positive relationships between exposure to wartime atrocities and PTSD symptom severity and between combat exposure and interpersonal violence.

The previously cited studies suggest a correlation between combat exposure and increased risk for arrest or violent or antisocial behavior. In contrast, statistics from the U.S. Department of Justice (Mumola, 2000) indicated that in 1998 only 20% of incarcerated veterans in state and federal prisons actually reported having participated in combat duty during military service. The percentage of incarcerated veterans who had served during wartime but who did not endorse combat duty was 50% and 61% in state and federal prisons, respectively (Mumola, 2000). Thus, the findings from the previous studies might not generalize to the population of incarcerated inmates described by the U.S. Department of Justice.

Combat-Related PTSD and Criminal Behavior

Approximately four million American soldiers served in the Vietnam War; of those, one fourth were either involved in active combat or exposed to life-threatening situations (President’s Commission on Mental Health, 1978). Studies have indicated that nearly half of Vietnam veterans who were exposed to combat situations experienced later problems with resolving their wartime experiences, and studies of Vietnam veterans with combat experience have shown that between 20–43% were later diagnosed with PTSD (Egendorf, Kadushin, Laufer, Rothbart, & Sloan, 1982; Frye & Stockton, 1982).

To examine the impact of active combat on the lives of military veterans, Laufer, Brett, and Gallops (1984) gathered a sample of 350 male Vietnam veterans and analyzed participants' level of combat exposure, exposure to abusive violence during combat, and stress symptoms. To measure combat exposure, participants were given a list of 10 events related to personal safety threats and asked to indicate whether they had experienced the event. Then, participants were asked a series of questions about their experiences of abusive violence during combat (e.g., torture). Stress symptoms were measured using a list of stress symptoms associated with PTSD known as the Stress Scale (Boulanger, 1981). Results showed that participation in abusive violence led to an increased reporting of stress symptoms with onset during the war. Specifically, participants who reported participation in abusive violence claimed to have experienced at least two more stress symptoms than did those who did not participate. Laufer et al. calculated that every 7 points of combat exposure endorsed by participants on the 10-item list equated to approximately one symptom of stress on the Stress Scale experienced by the same participant afterwards.

Wilson and Krauss (1982) investigated possible predictors of PTSD among a sample of 114 male Vietnam veterans involved in a community-based counseling program. They broke PTSD symptomatology into seven domains: (a) depression, search for meaning, and identity confusion; (b) physical symptoms and memory impairment; (c) stigmatization, alienation, cynicism; (d) sensation seeking, authority conflict; (e) anger/rage; (f) intrusive imagery of Vietnam; and (g) intimacy conflict. The three best predictors of these domains were factors related to combat (subjective stress level and

time length of combat roles); exposure to the stress of injury, death, or destruction; and isolation upon returning home.

To further examine the relationship between combat and PTSD, Wilson and Zigelbaum (1983) conducted a study utilizing a sample of 114 Vietnam veterans (gender was not specified in the article) who were participating in an outpatient counseling program designed specifically for veterans. The researchers examined veterans' scores on the Vietnam Era Stress Inventory PTSD scale and post-Vietnam legal problems as indicated by self-reported arrest, acquittal, or conviction of any of 19 criminal acts. A significant positive relationship was found between PTSD scores and the following criminal behaviors: assault, weapons possession, disorderly conduct, and driving while intoxicated. A number of significant positive correlations also existed between combat experience and criminal activity. The crime of manslaughter was related to the total number of weeks spent in combat; that is, the longer one was in combat, the more likely the individual was to be later convicted of manslaughter. The likelihood of having assault, disorderly conduct, or weapons charges was positively related to the number of combat roles held, the experience of subjective stress during combat, and exposure to other stressors in Vietnam. Driving while intoxicated was related to subjective stress and exposure to the stressors of witnessing or experiencing injury or death of oneself or a comrade. Breaking and entering was related to exposure to other stressors in Vietnam and specifically to the stress associated with living in the harsh environment of the jungle and without the comforts of home. Homecoming factors, such as psychological isolation and drug abuse, were unrelated to criminal activity.

Wilson and Zigelbaum (1983) further analyzed their data to look at the role of PTSD factors and criminal behavior. PTSD was broken into factors similar to Wilson and Krauss's (1982) earlier study, including physical symptoms, stigmatization/alienation, sensation seeking, anger/rage, intrusive imagery, and intimacy conflict. Results showed that an individual's total PTSD score was significantly positively correlated with the following criminal behaviors: driving under the influence, disorderly conduct, assault, and weapons charges. When they broke the results down by factor, assault was related to five of the seven factors: physical symptoms, stigmatization, anger/rage, intrusive imagery, and intimacy conflict. Looking at the predictive utility of the PTSD factors, assault was best predicted by the factors of intimacy conflict and depression, whereas disorderly conduct was best predicted by factors of depression, intimacy conflict, and stigmatization.

Several other researchers have analyzed the possible relationship between combat-related PTSD and later antisocial behavior. Among a sample of 118 Vietnam veterans (gender was not specified), Resnick et al. (1989) looked into the relationship between combat-related PTSD, level of combat exposure, and both pre-adult and adult antisocial behaviors. Similar to previous studies, they found that development of PTSD was significantly related to the level of combat exposure experienced by the veterans but was not related to either pre-adult or adult antisocial behavior. However, adult criminal behavior was associated with both level of combat exposure and pre-adult criminal behaviors, but not with PTSD symptoms. Boulanger (1986) investigated the relationship between combat-related stress and postmilitary criminal activity in a sample of male

Vietnam veterans. Approximately 25% of veterans who reported a disproportionately high number of stress symptoms had also been involved in violent behavior. Of veterans who reported experiencing low stress levels, only 9% reported violent behavior.

Shaw, Churchill, Noyes, and Loeffelholz (1987) also compared levels of combat stress between groups of 31 incarcerated and 30 nonincarcerated male Vietnam veterans. They found that both groups reported equivalent levels of stress. However, veterans from either group who had been diagnosed with PTSD reported having had higher risk assignments and higher subjective levels of stress, meaning that they perceived their stress levels to be higher than those of other individuals under the same conditions. Also, of the incarcerated groups of veterans, those with diagnoses of PTSD said that their units had had lower morale relative to other units, and they reported an increase in their use of substances during service compared to their use pre-service. Finally, Kulka et al. (1987) performed a comparison of Vietnam veterans who had actively served overseas with veterans during the same period who had not served overseas. They found a significant relationship between levels of long-term PTSD symptoms and a seven-item measurement of hostility. In addition, there was a positive correlation between levels of PTSD symptoms and an eight-item violence index.

Booth-Kewley et al. (2010) analyzed the relationship between antisociality, PTSD, and combat exposure among a group of 20,746 Marines. The sample was almost all male (95%), and it consisted of Marines who had a history of active service involving “at least one war-zone deployment” (p. 331), predominantly in Iraq. The participants were rated on antisocial behavior using a self-report measure. Specifically, they rated

how many times in the prior year they had participated in certain antisocial activities, such as being involved in a fight during an argument. PTSD symptoms were measured on the PTSD Checklist for Civilians (PCL-C) and for combat exposure using an adapted form of the Army Mental Health Advisory Team combat exposure scale (MHAT). Additional factors measured included stressors related to deployment and traumatic brain injury. There were several significant results. To begin with, PTSD was found to have a significant positive relationship with antisocial behavior, such that individuals with PTSD “were over 8 times as likely to engage in antisocial behavior as those who did not” (p. 333). PTSD was most strongly related to antisocial behavior, followed by deployment-related stressors and combat exposure. Marines who reported having the highest rating of deployment related stressors were approximately 3 times as likely to participate in antisocial activities as those who endorsed low ratings of deployment related stressors, and those who reported the highest level of combat exposure were almost twice as likely to participate in antisocial activities as were those who endorsed low levels of combat exposure.

In a previously mentioned study, Black et al. (2005) interviewed a sample of veterans who had served in the Persian Gulf War. Veterans were categorized into one of four groups based on their incarceration history: (a) incarcerated at any point in their life, (b) incarcerated prior to service (1990), (c) incarcerated only after service (post-1990), or (d) never incarcerated. The group of veterans who reported being incarcerated at any point in their life had rates of PTSD that were 3 times higher than rates in the never-

incarcerated veterans. The presence of PTSD symptoms was highest among the group who had only been incarcerated postmilitary service.

In contrast to the findings from the above studies, Shaw et al. (1987) surveyed 61 male Vietnam veterans who had served between 1964 and 1975. The veterans were divided into two groups: an incarcerated group of veterans currently housed in the Iowa Department of Corrections and a nonincarcerated group of veterans residing in Iowa who had been stationed overseas while Agent Orange was being used. The researchers found that PTSD was no more prevalent among incarcerated veterans than among nonincarcerated veterans (39% and 38%, respectively). There was also no difference between type of crime committed by the incarcerated veterans who were diagnosed with PTSD and incarcerated veterans without this diagnosis (58% violent for both groups).

Drawing from their extensive experience working with Vietnam veterans in both research and therapy, Wilson and Zigelbaum (1983) postulated a theory that might account for some of the results demonstrated in the aforementioned studies linking combat-related PTSD and criminal behavior. They proposed that environmental stimuli might trigger a veteran to re-experience combat-related trauma, which could lead the individual to revert to the military mindset and training necessary for survival during wartime. They suggested three ways in which combat-related PTSD might lead to postmilitary criminal behavior: (a) perception of the environment as personally threatening might cause a reversion to the survivor mentality and aggression; (b) experience of intrusive combat-related imagery might lead to an attempt to control the imagery by engaging in criminal activities that provide an arousal level that mimics the

arousal level of combat; and (c) experience of depressive symptoms such as guilt, hopelessness, and suicidal ideation might lead to engagement in criminal behaviors that are directed specifically at an authority figure. However, this theory does not account for the effect of premilitary antisocial behavior, and so further research is needed to aid understanding of the link between combat-related PTSD and antisociality.

Premilitary Factors

Previous researchers have demonstrated a possible link between military experience and postmilitary maladjustment or antisocial behavior. This research does not negate the possibility that premilitary antisocial tendencies might partially account for later criminal behavior, irrespective of military influence. Acceptance into the military involves a rigorous screening process. Recognizing that military service requires training and service that are both physically and psychologically taxing, preservice screens are meant to exclude military candidates who might not be a good fit, such as those with a history of serious criminal activity or overt antisocial traits (Black et al., 2005; Conard, 1998). Screenings often include a review of individual historical records, such as previous arrests, convictions, and the resulting consequences. A history of arrest does not necessarily lead to disqualification from military service, but the severity of past offenses is an important consideration during screening (Black et al., 2005). In this way, one might conclude that active military involvement itself would control for past criminal behavior.

A few studies do lend support for the supposition that veterans may have minimal preservice histories of criminality. Landolfi and Leclair (1976) examined premilitary antisociality in a sample of inmates incarcerated in Massachusetts correctional facilities.

The authors compared the criminal histories between a sample of 222 incarcerated veterans and the incarcerated nonveteran population of unknown size. They determined that incarcerated veterans were more likely to be first-time offenders on the state and federal levels than were nonveterans in the general prison population (88% and 61%, respectively). The veteran inmates were also more likely to not have been imprisoned as juveniles than the nonveteran inmates (85% and 67%, respectively). At the Green Haven Correctional Facility in New York, a group of incarcerated veterans participating in a self-help group conducted a survey among the facility population of imprisoned veterans (Veteran's Self-Help Project, 1987). Information on the study methodology was unavailable. Their final report was called the Veteran's Self-Help Project (1987), and results showed that a majority of the participants were first-time offenders. These studies might suggest that the majority of military recruits do not have a serious criminal history.

In contrast to the two studies mentioned above, other researchers have found that military veterans did have a premilitary criminal history. In a random selection of 12,000 male and female state prison inmates throughout the country, 60% of incarcerated veterans endorsed having a legal history prior to military service; this history included at least one prior period of incarceration (U.S. Department of Justice, 1981). A quarter of the sample had committed an offense while serving in the military that was severe enough to warrant confinement. In a previously mentioned study by Conard (1998), he found that 68% of the sample either had a record of premilitary arrests or had been expelled or suspended from school. Nearly half (47%) endorsed at least one of the following antisocial behaviors: "reckless driving, frequent fights, stealing, fire setting, or

animal cruelty” (p. 595). Fourteen of the participants received a diagnosis of Antisocial Traits, but not Antisocial Personality Disorder.

In an aforementioned study, Wilson and Krauss (1982) looked at predictors of PTSD among a sample of 114 male Vietnam veterans and also found changes in personality traits pre- and post-Vietnam deployment. Specifically, when looking at the premilitary existence of personality traits such as antisociality and narcissism, they discovered that soldiers reported a worsening of these traits after combat overseas. When combined with the results of the aforementioned studies on offense history of incarcerated veterans, results are inconsistent but suggest that premilitary antisocial behavior may not be a strong causal factor of later criminality.

Purpose of the Present Study

The purpose of this study was to explore experiences of veterans who had been incarcerated after they left military service. My goal was to increase understanding of possible relationships between military experiences and criminality. I became interested in this topic over the course of my doctoral program practicum placements, as I witnessed military veterans either actively seeking or being mandated to mental health treatment, and also experiencing significant life difficulties. These difficulties were most apparent during a practicum at a state psychiatric hospital, where I worked with veterans who had committed violent offenses after their military involvement. In 2010 I completed my thesis on personality characteristics of sexual offenders in the military, but I used a preexisting data set that did not describe the participants in the depth or breadth I wanted.

As a result, I decided to continue my research with this population in a way that would allow for a richer and more open-ended analysis.

Prior research with incarcerated veterans has included both quantitative and qualitative approaches. Some researchers have more commonly used quantitative methods to demonstrate possible correlations between military involvement and later maladjustment (Barrett et al., 1996; Beckman et al., 1998; Black et al., 2005; Booth-Kewley et al., 2010; Boulanger, 1986; Frey-Wouters & Laufer, 1986; Kulka et al., 1990; Laufer et al., 1984; Milliken et al., 2007; Resnick et al., 1989; Shaw et al., 1987), whereas other researchers have used qualitative methods to describe identity formation among veterans, specifically in regard to military masculinity (Arkin & Dobrofsky, 1978; Karner, 1998; Shefer & Mankayi, 2007). To my knowledge there is no prior qualitative research on the possible relationship between military involvement and postmilitary criminal behavior. Results of quantitative studies have been useful for assigning numerical values to experience, thereby demonstrating relationships between military experience and antisocial behavior. However, results of this type cannot describe in-depth the experiences underlying the correlation. Therefore, I utilized a qualitative research design in order to obtain detailed information about participants' experiences in a way that would not be possible with a quantitative methodology (Smith, 2008).

The current study consisted of in-depth interviews with males who were incarcerated at the Oregon Department of Corrections (ODOC) and had a history of military involvement. The sample consisted solely of males to gain a clearer picture of the effects of military culture and masculinity without the confounding effect of gender.

To more fully understand incarcerated veterans' experiences, it was necessary to gather information about three time periods: (a) premilitary factors, such as early antisocial behavior and identity issues; (b) experiences during active service, such as identification with military culture; and (c) postmilitary factors, such as experiences reintegrating into civilian life.

Method

Research Design

I utilized a qualitative research design known as grounded theory. Grounded theory design differs from a quantitative method in that grounded theory applies a bottom-up approach; that is, rather than having an a priori theory that dictates how and what type of data are collected, grounded theory methodology works in the opposite way (Smith, 2008). The investigator of a grounded theory study seeks to understand a particular process among a group of individuals and therefore collects data from these individuals in order to fully understand their experiences of the process (Creswell, Hanson, Clark, & Morales, 2007; Smith 2008). These experiences may occur over time or represent multiple phases of change. Data are analyzed to find common experiences. These experiences are then broken down into informational categories that are used to generate a theory (Creswell et al., 2007; Smith, 2008). I believed this research design would be useful for the present study because the majority of existing knowledge about the relationship between military experience and incarceration lacks any rich description of the factors involved.

Participants

Participants were 11 adult male offenders with a history of military involvement who were incarcerated in the ODOC. To be eligible for the study, participants had to be male, over 18 years of age, and proficient in conversational English. Additionally, the participants must have served active duty with combat experience. I made combat

experience a requirement because prior literature suggested that individuals with combat experience had the highest rates of later adjustment problems and criminal behavior. I hoped to tap into these postmilitary difficulties in relation to military experience.

Combat experience was defined as “engaging an enemy on the ground with individual or crew-served weapons, while being exposed to hostile fire and to a high probability of direct physical contact with the hostile forces’ personnel” (as cited in Aspin, 1993). This definition was taken from a memorandum by then-Secretary of Defense Les Aspin to the Secretaries of the Army, Navy, and Air Force, the Chairman of the Joint Chiefs of State, and the Assistant Secretaries of Defense, for the purpose of recommending a ground combat rule “for assignment of women in the Armed Forces” (as cited in Aspin, 1993). Participation was voluntary, and participants were able to choose to withdraw from the study at any time. Descriptive statistics for the sample are presented in Table 1.

Procedure

Following approval by the ODOC Research Committee and the Pacific University Institutional Review Board, data collection began.

Recruitment. I consulted with an ODOC research coordinator who provided a list of inmates with status as military veterans who were housed at the Oregon State Penitentiary (OSP). In collaboration with the ODOC Research Department, I sent a confidential screening questionnaire (see Appendix A), along with a return envelope addressed to the OSP Research Department, to all inmates on the list. The questionnaire included checkboxes indicating the individual’s eligibility and interest in participation. I

received responses from 16 inmates who both met inclusion criteria and wanted to participate in the study. All 16 were scheduled for individual meetings,

Table 1
Descriptive statistics for sample (N = 11)

Variable	<i>n</i>	<i>%</i>
Age (years)		
40-49	2	18.0
50-59	2	18.0
60-69	5	45.0
70-79	2	18.0
Ethnicity		
White, not of Hispanic Origin	11	100.0
Education		
GED	2	18.0
High School	4	36.0
Any college	5	45.0
Marital Status		
Single	2	18.0
Married/Partnered	3	27.0
Divorced/Separated	5	45.0
Widowed	1	9.0
Military Branch		
Army	6	54.0
Navy	2	18.0
Air Force	2	18.0
Marines	1	9.0
War Cohort		
Vietnam	5	45.0
Desert Shield	1	9.0
Gulf War	1	9.0
Korean	1	9.0
Iraq	1	9.0
Unknown	2	18.0
Discharge Type		
Honorable	8	72.0
General, Honorable Conditions	1	10.0
Other than Honorable	1	10.0
Bad Conduct	1	10.0
Instant Offense		
Homicide	2	18.0
Sexual Offense*	5	45.0
Burglary/Theft	2	18.0
Drug Offense	2	18.0
Sentence Length		
1 to 10 years	4	36.0
11 to 20 years	4	36.0
21 years to life	3	27.0

*Information on age or sex of victims was not available

including informed consent, demographics questionnaire, and semi-structured interview (see Data Collection), and completed interviews. Not all 16 interviews were utilized for data analysis due to five inmates failing to meet eligibility criteria (which became apparent during the interviews). Specifically, four interviews were not coded because the inmates did not meet the eligibility requirement of active combat experience, and one was not coded because the inmate's military experience came primarily from a foreign army, as opposed to the U.S. Army. Interviews from 11 participants were included in the final analysis.

Data collection. At the scheduled time, I met with each inmate individually in a professional meeting room in the OSP visiting area. Each inmate was given a copy of the informed consent form (Appendix B), and I provided a verbal description of the study. The description included the limits of confidentiality; that is, confidentiality would be broken if I learned about any of the following: intent to harm self or others; current abuse of a child, elderly, or developmentally disabled person; prison sexual assault, or a planned escape or riot. I informed each individual that participation was voluntary and that he could choose to leave the study at any time. Each potential participant demonstrated understanding of the informed consent by briefly describing it in his own words, including limits to confidentiality, and signed the informed consent. No compensation was offered for study participation.

Each participant then completed a demographics questionnaire including basic descriptive information (e.g., age, ethnicity, and education), criminal history, and military experiences (see Appendix C). Next, I conducted a semi-structured interview with the

participant about his experiences before, during, and after military service, including current incarceration history. Interview questions are listed in Table 2. Clarifying questions were asked as needed.

Table 2

Interview Questions

1. Tell me about your premilitary experience.
 - a. Did you have any problems growing up? What was going on?
 - b. How old were you when you joined the military?
 - c. What was your life like before joining the military?
 - d. Were you having any problems? What were they?
 - e. Were you ever arrested? What for?
 - f. Were you ever incarcerated?
 - g. What was going well?
 2. Tell me about your military service
 - a. What led you to join the military?
 - b. What did you notice about the military?
 - c. How well did you fit in?
 - d. What did you like about the military?
 - e. What didn't you like?
 - f. Were you involved in active combat? What happened?
 - g. Did your perception of the military change over time? How so?
 - h. Did you receive any disciplinary infractions? What happened?
 3. Tell me about your life after military service
 - a. How was it getting back into civilian life? Were there any problems? What was easy?
 - b. After being in the military, what crimes did you commit? What was going on at the time?
 - c. What other problems have you had since then?
 - d. What went well?
 - e. How has being in the military influenced your life?
 4. Tell me about your criminal history
 - a. Did you commit some crimes before joining the military? Were they different from your crimes after the military? How so?
 - b. What was the same, if anything?
 - c. Did any crimes before the military impact your military experience? How?
 - d. What about after leaving the military? Did your military experiences affect later crimes? How?
 - e. What might have kept you from committing crime after leaving the military?
 - f. Do you know any other veterans in prison who you talk to?
 5. Is there anything we have not talked about that you think is important for me to know?
-

Data Analysis. The nature of grounded theory requires that the principal investigator be closely involved with data collection and analysis as simultaneous and ongoing processes in the study (Creswell et al., 2007; Smith 2008). In keeping with this process, I recorded and transcribed all 16 original interviews. Participant informed consent forms were stored separately from the interview recordings and transcriptions. During transcription, the interviews were de-identified and assigned a code number using a master code sheet. No identifying information was included in transcripts. Interview transcriptions, the potential participant list, and the master coding sheet were kept in a password-protected computer file; these electronic copies will be deleted after analysis has been completed.

In order to accurately transcribe the interviews and gain familiarity with the material, I listened to each interview multiple times. Following transcription, the final 11 interviews were coded following Smith's (2008) recommended process for the coding of data. Coding occurred in two main phases: line-by-line coding and focused coding. Line-by-line coding occurs in order to build analysis from the ground up as each line of data is examined and named based upon what it is believed to represent. In the next phase, the analysis is further honed with focused coding. During the process of focused coding, the data codes that are the most frequent and/or significant are used to organize the data into meaningful categories. Throughout the coding process, I used a research journal to write memos on the different codes and categories as they came to light. These memos included category descriptions and examinations of the category meaning. Ultimately, these categories were used to generate a theory that might explain the observed processes.

As a means of validation, a second reader also followed the steps detailed above for four of the 11 transcripts. This reader was a doctoral candidate in clinical psychology who was familiar with qualitative research methods. She explored the interview data for meaningful categories and connections and also wrote analytical memos. Ultimately, both analyses were combined to create a comprehensive evidence base for a final theory on the relationship between military experience and criminality.

Results

Units of meaning and themes that recurred in each interview and throughout multiple interviews were identified, and these codes were then grouped into larger themes present in the data. As shown in Figure 1, I developed themes and a model to represent the inmates' experiences from premilitary existence to postmilitary life.

The theoretical model depicts a generalized timeline across the lifespan, representing changes in perception and experience that participants tended to encounter at various points in their life and in relation to their military involvement. I consider this as a generalized model to account for discrepancies among the different individuals. For example, not all participants talked about a negative change in perception towards the military and not all experienced injustice or loss of treatment. However, the majority of participants did endorse the resulting themes and the model can provide a useful framework to understand the role played by the military throughout their lives.

The majority of participants talked about a series of life experiences that flowed from fairly well-adjusted childhoods in their early lives to an ultimate disconnection from society as adults. Specifically, interviewees talked about two factors, Belief in a Normal Childhood and growing up in a Military Environment that seemed to impact them prior to entering military service. Upon entering the military, participants described Initial Positive Adjustment, followed by Military Disillusionment. As a result of their military involvement, nearly all participants came to experience a sense of disconnection from society after their service ended. This disconnection involved experiences of

Reintegration Difficulties, Lack of Support/Sense of Injustice, and Continued Military Identity, that occurred after active duty. Each of these categories will be addressed in further detail below, using the inmates' own language to highlight their meanings.

Premilitary Themes

During the premilitary portion of the interview, two themes were identified: Belief in Normal Childhood and Military Exposure.

Belief in Normal Childhood. A majority of participants reported experiencing a well-adjusted childhood. Specifically, eight of the 11 participants reported positive experiences growing up, using descriptors such as “awesome” and “middle class” to describe their upbringing. One participant stated, “I had good parents, mother and father, you know, good home,” and another stated, “I was pretty normal.” Only three of the 11 inmates talked about their childhoods in explicitly negative terms. Overall, it seemed the interviewees perceived their home life as children to have been normal or average.

Eight of the 11 participants denied any problematic substance or alcohol use as minors. Some of these participants described experimentation with alcohol or marijuana but noted that their use patterns were no more extensive than the patterns of their same-age peers, were not a regular habit, and did not cause life difficulties. This contrasted with three inmates who described a habitual or problematic use of alcohol or substances. Seven out of 11 study participants denied engaging in any juvenile criminal or antisocial behavior, including a history of arrest or juvenile detention, compared to four interviewees who did report such behavior. In general, a majority of participants denied extensive childhood problems that would later influence their criminal behavior.

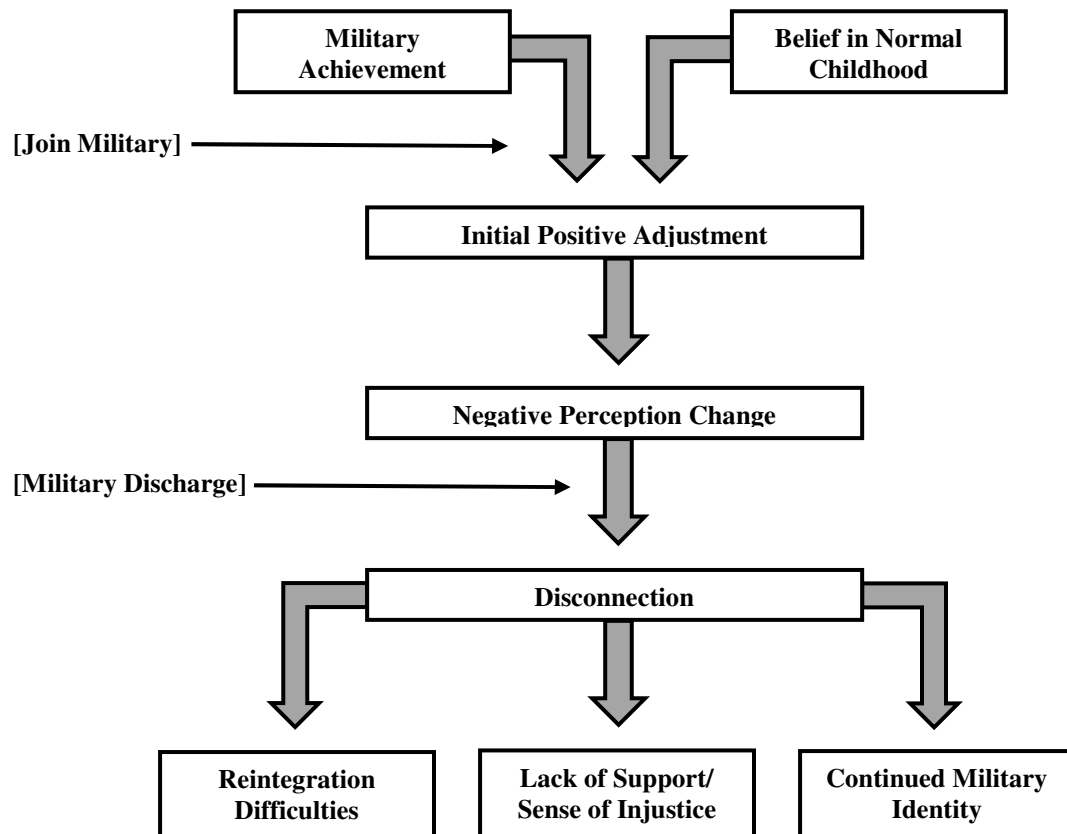


Figure 1. A theoretical model of participants' experiences from premilitary to postmilitary life.

Two individuals who endorsed both antisocial behavior and/or arrest along with substantial alcohol or drug use as juveniles had originally described their childhood in positive terms. The combination of a positive description of their childhood with acknowledgement of problematic behaviors may suggest that these two men experienced a lack of insight about the contradictions of their childhood experiences. Similarly, despite the positive childhood descriptions given by most participants, a sizeable group (six out of 11) endorsed conflict with father figures in the home that is considered a counterpoint to the current theme. This subset of individuals who reported conflict with father figures is notable in that they represented approximately half of the sample. Of these six participants, three also endorsed generally positive childhoods; this finding is notable in that familial conflict runs counter to the idea of a normal childhood. Two of these inmates talked about a happy childhood that devolved as they grew into teenagers. For example, one participant described domestic violence between his parents that he was unaware of until his early teens:

Just the conflict between mom and dad, and I don't know how far back that went . . . I realized what was going on between the two of 'em, and from 14 up until 16 I stood in between the two of them. And it came to blow sometimes, but that's ok. I mean that's what I was there for . . . Some were directed at her that I took on purpose, to keep him from hitting her. Of course, I gave a lot of 'em out too. I'm not a little boy.

Another inmate reported a positive childhood concurrent with significant family dysfunction. For example, he described his childhood as "very good" and said, "We lived a pretty good life," but he went on to describe alcoholism in the family and his mother's psychiatric breakdown. This apparent contradiction could indicate a distorted perception of what constitutes a good childhood or various other possibilities, such as his own

resiliency in negative circumstances or a childhood characterized by extremes of both good and bad experiences. I was unable to conduct follow-up interviews with participants, so the reasons for such contradictions were not clarified.

Military Exposure. Six of 11 participants reported a family history of military involvement, with one or more close family members being military service members. As one participant stated, “Fathers of almost all the kids I went to school with were military . . . so I didn’t have any problem with it as a profession, as a way of life.” A similar sentiment was expressed by many other participants who described close relatives as “talk[ing] a lot of good about the military.” One individual mentioned a “cousin who served in the Air Force,” and said he “kind of wanted to follow in his footsteps.” For these families, joining the military seemed the normative course to follow after high school; in fact, nine of 11 participants reported joining the military as teenagers soon after graduation. The average age at which participants joined the military was 18 years old.

Active Duty Themes

Two active duty themes were identified: Initial Positive Adjustment and Military Disillusionment. A sizeable minority (four of 11) experienced fear related to their military enlistment and even used that fear as a motivator for joining specific military branches or “volunteering for the draft.” Otherwise, there were no commonly mentioned experiences regarding military enlistment.

Initial Positive Adjustment. The majority of participants described positive adjustment to the military environment. Specifically, nine of 11 interviewees made

comments to the effect that they “fit in well” to military culture and even “thrived in the military.” For example, one inmate said he had adjusted well to military culture because the training played off his mechanical inclination. He stated, “I’m mechanically inclined, so big heavy equipment and stuff, I loved that. I loved it. Tanks, planes boats, everything.” Another participant stated that it was the first time he felt like he fit in somewhere:

I noticed that there’s a lot of help, which was new to me. ‘Cause it was something I’d never, up to that point, I’d never experienced any of that. My childhood, growing up, I always felt alone and abandoned, so all this in the military, it was all new and I liked it . . . So I usually fit in quite well. So that was another big thing for me, to be able to fit in.

The initial sense of military culture seemed to be of confidence and optimism, and participants discussed many positives about their military experience and military culture. Interviewees primarily talked about the benefits associated with military structure and training (six of 11). These participants mentioned “the strictness,” “discipline,” and “structure” of the military as highly positive aspects. One participant described military structure as follows:

So everything kind of fell apart, but in the military it was structured. You knew you were getting paid. You knew where you were supposed to be, knew your responsibilities, and it was something different . . . I left home when I was 15 years old. I moved out on my own and still graduated high school and kept my own house, kept everything up. But in the military you didn’t have to do that. It was all laid out for you so it was like a big weight lifted off. It was . . . somebody else had to worry about all that. All I could do was enjoy myself.

This participant seemed to be speaking of a sense of safety and security in knowing one’s place within the military and noted that, for him, it was a foil to a chaotic home life.

Opportunities that came with military involvement represented another benefit. Five of 11 interviewees talked about opportunities such as international travel, the experience of other cultures, and “adventure,” prospects that these men believed would not have been possible without military involvement. One participant stated, “I mean, even in places like Iraq, it’s really great to go see another culture and live there for a while . . . not as a tourist.” Another participant talked about his experiences of “the adventure of not knowing some things . . . [and] the excitement of knowing others.” This sense of enthusiasm was expressed by several of the inmates as they discussed the opportunities afforded them by the military.

Several participants talked about other positive aspects of the military that were not mentioned frequently enough to constitute themes. For example, four men talked about the pride associated with their military career, including descriptions of “meritorious advancements” and “letters of recommendation” that demonstrated their aptitude for military work. Another four inmates described the military as fostering positive relationships with others, with two of these four participants specifically using the term “camaraderie” to describe the positive relationships associated with military culture. Three of the 11 participants described the military as providing a means of prosocial control for their propensity toward thrill-seeking behavior. These men talked about their “love of fast cars” and “adrenaline rushes.” For them, “combat wasn’t a big deal,” and, in fact, “a combat high [was] the best high a person can get.” Although the benefits of military training were slightly different for participants, these men were all able to describe nonmaterial military incentives associated with their service.

Military Disillusionment. Although a majority of interviewees described many positives about their military careers, more than half of the participants (six of 11) talked about an eventual change in their perceptions of the military. One participant described his attitude shift as occurring after he was punished by the military after caring for his sick father; he had returned home to care for his father and had not returned to base until his father was well enough to leave the hospital:

I returned to my squadron and they prosecuted me. They prosecuted me to the fullest. And I was a top performer, I really was . . . And it just soured me. Just soured me. And I walked away. I was gonna put 30 years in. It was something I enjoyed, but when they did that I just . . . and I've always been the kind of person, if you burn a bridge, the bridge is burned. There ain't no walking back across that river.

One participant noted that his “views of the military went from being good to bad for a long time.” Another individual talked about his anger after receiving orders to be deployed to Vietnam for his fourth tour:

When I came back I told 'em to take it and stick it. I'd been shot, shrapneled; I'd been snake bit; I'd served three full tours. We had NCOs in the same pay grade as I did that had never been out of the United States, and I'd already been to seven different continents. And they were still sitting on their big fat butts, and I [was] going back over for my fourth tour to be shot at again? No.

For six of the 11 participants, this disillusionment was partially impacted by experiences of intense fear during active duty. These interviewees talked about believing that “you can be killed anytime, anywhere, for any reason, under any circumstances.” One inmate’s description of his feelings of fear while serving in Vietnam seemed to exemplify the experiences expressed by many other participants who had difficulty comprehending having lived through such a dangerous situation:

Our enemy was from here to that wall away, 'cause you were walking through jungle, you know, and it was pretty freaky. And it sure freaked me out all the time, man. I mean, I don't care about the animals, the snakes . . . You know they bite you and in two steps and you're dead. And I wasn't worried about that. I was afraid of some, we called 'em dinks, coming up and slitting my throat. That was freaky . . . I don't know how I ever handled it. I mean, you're just scared all the time. Man, this could be my last day. You never know.

Five of 11 participants discussed substance use among military service members, such as drinking alcohol and smoking marijuana. The majority of these interviewees noted that alcohol was the drug of choice, possibly because it was "allowed," and so everyone "used to drink all the time." Some participants talked about drinking as a means of socializing with "the GIs . . . sailors, Marines, Army." Others described their drinking as a means of coping with the stress of deployment, or "to . . . numb the effects of where you're at." One inmate described his squadron's regular use of alcohol and drugs, despite the ban on using substances during deployment:

We weren't even supposed to be drinking beer. We'd go over there and be killed, but we'd get beer given to us. We'd smoke weed, and they had liquid speed over there, liquid opium . . . And there's that kind of abuse. Most of it was alcohol. Alcohol and anger.

Another individual noted that in the military it was legal for personnel to drink alcohol when they were under the age of 21, which he believed led to his later difficulties with alcohol and substance abuse:

I think the military really got me into drinking. 'Cause I was 17, being in the military you're allowed to drink. But I never drank [before], and so I've often thought that that's what got me into my drinking . . . But then with all the trauma that I experienced in the military, you know, with the combat patrols in Korea and the parachuting accidents . . . I found comfort in drinking, I guess. Relaxed with drinking. So I started drinking, and I can pretty much say I turned into an alcoholic for a while when I first got out, which led to experimenting with a lot of other drugs.

Another negative discussed by participants (five of 11) was associated with military hierarchy or disrespect. Military culture was described as involving “a lot of stupid games” relating to where one stood in the hierarchy. These interviewees talked about the hierarchy as being “like a caste system” where they were “the low man on the totem pole.” One individual talked about an experience attempting to take emergency leave after his father suffered a stroke, noting the differences in his treatment compared to an officer of higher rank.

He was in the hospital and not expected to live. It took them nine days for them to send me home on emergency leave. Nine days. At the same time, now if you’re familiar with the military, emergency leave is for mother, father, brother, sister, immediate family, wife, son, or daughter. Same day they sent me off the ship, I was a third-class petty officer, a first-class petty officer from my squadron was notified that his wife’s grandmother was sick, and they were sending him home on emergency leave. The same day. That destroyed what I thought of the military.

Others talked about their frustration with inexperienced “shake-’n’-bake” lieutenants, or “90-day wonders”: “They send ’em to school for 90 days and then come out and they’re lieutenants. So we call ’em ‘shake-’n’-bake’ lieutenants.” From the participants’ perspectives, these lieutenants had not earned the respect demanded of their rank, leading to feelings of affront and disrespect. In a few instances, the interviewees had described plans to make the military a lifelong career. Instead, they left, perhaps based on the cumulative effects of these negative experiences. Despite this negative perception change, 72% of all interviewees had still received honorable discharges.

Disconnection after Military Discharge

After their military discharge, nearly all participants came to experience a sense of disconnection from society. This disconnection incorporated three themes:

Reintegration Difficulties, Lack of Support/Sense of Injustice, and Continued Military Identity.

Reintegration Difficulties. Nearly every participant (10 of 11) endorsed reintegration problems after leaving military service. These difficulties included adjusting to civilian life, interpersonal difficulties, alcohol and/or drug problems, work problems, and PTSD symptoms.

The two most commonly endorsed reintegration problems were difficulty adjusting to civilian life and interpersonal problems. Specifically, eight of the 11 respondents talked about having negative experiences as they attempted to reintegrate into civilian society. These experiences included being called names, such as “baby killer,” or being “spit at” and “cussed at” by either friends or strangers. A few individuals talked about the difficulties of adapting to civilian life after living in such the structured environment of the military:

That was another hard time because I was so used to military life. And I so easily adapted to it that it felt natural for me. So when I got out, I didn’t have that structure, regiment, that I’d gotten so used to and liked. It was hard. I didn’t know what to do. Just, I didn’t, I felt out of place. And I still get that every so often. I still feel out of place . . . like I’m out of step. It’s hard for me.

One man stated, “I still live some of the Army ways. I roll my clothes up and put ’em in my drawer. A lot of the military is still with me.” Similarly, another participant noted, “My mind is still out there in the jungle right now . . . I’m a civilian, but I find it very difficult to think like a civilian.” The experiences of many of these veterans may be summarized in the following statement: “All I could do as far as my civilian life is what

the Army taught me. You don't do what you said, you could die. And I carry that to this day."

Nine respondents reported interpersonal difficulties, ranging from multiple failed marriages to an inability to initiate a committed relationship. One man talked about avoidance of romantic commitment due to his awareness of his own instability:

Haven't got married because when you know you're gonna be getting in trouble, you know you're not stable enough to settle down and have a family. There's no sense in doing it. I mean, to start a relationship only to have a break-up. And not be able to take care of the kid or anything else.

Other participants' descriptions of marriage were often characterized by verbal or physical fights. One respondent described "taking it out on my wife, mentally wise, abusing her mentally, abusing my son mentally, and abusing my daughter both mentally and physically." Another interviewee had previously talked about his three failed marriages and his sexual abuse of his stepdaughter; he ultimately stated that the main problem was, "I didn't know how to show love." Of the nine individuals who reported interpersonal difficulties, three linked these difficulties with their military involvement.

Another indicator of reintegration difficulty was abuse of alcohol and/or drugs (five of 11). The participants reporting such behaviors said they "started drinking quite a bit," or they "started right back into drugs" upon discharge. One respondent stated that this alcohol and drug abuse contributed to his instant offense:

I started drinking and I can pretty much say I turned into an alcoholic for a while when I first got out, which led to experimenting with a lot of other drugs. Like I said, I started doing drugs, and I started selling drugs to support that habit, and that's about the only crime I've ever done is sell drugs and that's what I'm in here for.

Another interviewee talked about his past denial of substance abuse issues, such as that “it was a problem, but I wasn’t gonna call it a problem . . . LSD, speed, alcohol.” For one individual, who continued to abuse substances even after incarceration, including methamphetamine, prison was a wake-up call that pushed him to become “clean and sober for 10 years.”

Five of the 11 interviewees described postmilitary employment difficulties. These problems ranged from inability to find employment to having a job that was “kind of tedious . . . not real interesting.” Two individuals talked about their lack of “specific training for civilian jobs,” and not having “any job skills.” This lack of training led to unemployment, multiple short-term jobs, or “doing stuff like working in factories and a little construction here and there . . . None of it very satisfying and none of it very well paid.” Others talked about differences between military structure and civilian jobs as causing employment problems:

I noticed that from my civilian jobs and my military, military is so structured, I knew from right then what to do. But I had a hard time with my employment because it was structured in its own neat way, but it wasn’t structured to the military way I wanted it. And that’s where I had problems with employment.

Five respondents discussed their experience of symptoms of PTSD, which adversely affected their postmilitary adjustment. Participants commonly described having “flashbacks” and “bad nightmares,” as well as “hot sweats, high blood pressure, anxiety.” One respondent talked about a recurring nightmare:

One nightmare I have, I kill this guy. He had a yellow shirt on and he’s walking away from me and I’m yelling, “What do you want? What do you want?” And he won’t ever turn around.

One interviewee noted that his PTSD symptoms became so severe that he and his wife eventually “got two separate beds.” A Vietnam veteran talked about a prior offense he committed under the influence of a flashback. Specifically, he related a story wherein he attacked a group of bikers whom he believed were “stirring up trouble,” saying:

I went back in a flashback . . . and so instead of running and calling 911, like all the other civilians . . . Grabbed up an 8mm rifle . . . Because instead of seeing bad guys I was looking at Viet Cong terrorists. And I hate Viet Cong.

Several interviewees also talked about their experiences of mental health treatment or services through the Department of Veteran’s Affairs (VA), as related to PTSD. These experiences were generally positive and involved learning about the PTSD diagnosis, as well as receiving benefits from the VA. A common thread among these respondents was linking postmilitary adjustment difficulties with PTSD:

Once I started going down to mental health at the VA, I learned that one of the symptoms of PTSD is you have a hard time finding and keeping work . . . And, you also have a problem with interpersonal relationships. Because I think I was really distant and isolating when I was married those three times. . . If you’re in a situation where there’s a good chance you might get maimed or killed every day it puts a stress on you that makes it hard to adjust when you come back. I think a lot of guys drink more than they should, probably do things like smoke marijuana more than they should. And those are all things that can get you into trouble. It’s harder to find a job; it’s harder to hold a job; it really affects your relationships. And I think a lot of people don’t trust us. And I think we don’t trust a lot of people.

Lack of support/ Sense of injustice. Nine of 11 interviewees reported a perceived lack of mental health treatment and/or experiencing an unfair system. Specifically, respondents discussed unjust treatment of veterans, including discrimination, lack of support by civilians, and political or legal mistreatment. For example, multiple participants talked about the legal system as discriminatory against veterans:

I got caught up in a system that doesn't really care about the right or wrong of it . . . I suspect that the court systems also see us the same way. I think they think we're dangerous. And I think that if we show any kind of violent tendencies that we need to be locked up.

Descriptions of this "unethical" system included a district attorney who "use[d] his public office as a tool for vengeance, psychological evaluations that were "never admitted as evidence or put on record," and attorneys involved in political struggles that one participant described as "ridiculous and . . . illegal." Other interviewees talked about a lack of mental health services and VA benefits; these experiences were often directly linked to their incarceration at the Oregon State Penitentiary (OSP). One participant described sending multiple letters to the VA without ever receiving a reply. Another respondent talked about the complete loss of his benefits for reasons he believed were unjust:

The Veteran's Administration is no help to you if you are incarcerated . . . First of all, if you have disability benefits they take them away from you. And I can get \$129 a month while I'm incarcerated, but I haven't gotten any of those payments 'cause they've been withholding them to pay back the debt they claim I owe them. I've talked to all the guys and they've told me the same story. They withhold things they shouldn't withhold, they deny you things they shouldn't deny, and apparently it's to punish you for being in prison.

Despite this perceived loss of services, several participants described their receipt of VA assistance that contradicts this belief.

Another common thread included loss of mental health services at OSP. One respondent talked about the gradual decrease in services he received as an inmate. Reportedly, his mental health treatment at OSP initially included weekly individual and group therapy. After a few years, this treatment decreased to monthly therapy and then decreased further to check-ins every 3 months, until finally he was taken off of his

psychiatric medication (prescribed for PTSD symptoms) and stopped receiving any mental health services. Although this loss of services took place over a few years, he stated his belief that he still needed treatment. Similarly, another interviewee talked about his loss of services during incarceration and his efforts to advocate for veterans' rights:

Just DOC does not have anything for people like me. They cut out all my mental health. I can't take no more classes. They said, "Hey, we think you should be cured." "Okay, do you want to know about Vietnam?" "No." These exact words: "We don't want to open that can of worms." DOC, I can't even see the psychiatrist . . . I had psychiatrists psychologists, and case workers and everything taken, looking out for me in the VA. Now I have nothing . . . And I been writing judges, I even wrote the governor. I sent off a second letter yesterday to the governor; "Hey, I'm not getting any help here."

Six of 11 interviewees expressly linked their military training with postmilitary antisocial behavior, whereas two participants denied such a link and three did not speak to a possible connection. The six individuals who identified a link talked about the potential for military training to make someone "more effective" at committing crime, specifically in regard to knowing about "explosives . . . guns. . . everything." As described by one individual:

I still had that attitude that I was airborne, I was badass. The Army trained me to kill for three years and then they just released me on the streets with no deprogramming. So I know I carried that out into the civilian public. And there was a lot of people I got in fights with and beat up that I look back now and they didn't deserve it. Shouldn't have happened. But with a mixture of the alcohol, drugs, and my training, it did.

Additionally, a sizeable minority (four of 11) expressed anger at the military for leading to their later problems. One respondent stated, "All I was seeing was the anger from how they handled their end of it," and he went on to say that, upon returning home, "It was all about hate and discontent and I become a very bad person." Another

participant talked about the military as intentionally altering his deployment because “everything was meshing so good, and it wasn’t going according to their politics up in Washington.” For many of these individuals, the intense emotions and anger experienced during active duty continued to impact their lives years after their service ended:

I understand the anger. I understand everything. How it’s all good and everything, ’til you start killing people and seeing people killed. I mean, I was involved in 11 murders in Vietnam and I’m living with that now . . . And I didn’t know where to channel the anger. I was 20 years old. I went through that and it was pretty tough . . . I look at a 19-year-old now, how do they do this to a 19-year-old . . . I thought, I’m supposed to be angry, I mean, that’s the way it’s supposed to be. Either you live or die. I’m mad about that.

Continued Military Identity. All 11 participants endorsed current involvement with military culture or other veterans. The majority of this involvement came from membership in the OSP Veteran’s Club. Seven of the 11 participants expressed the belief that club membership was a positive experience. These individuals talked about the “sense of brotherhood and commitment” between veterans in prison and made comments to the effect that “most” or “almost all” of the people with whom they maintained regular communication were veterans. One participant stated that he “learned a long time ago” in prison that “it’s just best [to] shut up” and not talk to people; however, one of the few people he trusted was the “president of our organization. He’s a good man.” Others talked about beneficial aspects of the veteran’s club, such as assistance resolving VA benefits and claims, as well as a “PTSD class” that occurred during the last hour of the club’s monthly meeting. Overall, these descriptions of the OSP veteran’s club seemed to exemplify the continued sense of connection felt by military veterans and their need to

provide support for each other in a world that they believed had not always supported them:

The president [of the veteran's club] . . . he's wanting each of the vets that are up there, "If you see any of us, just go out of the way and say, 'Hi.'" And that's what we do, is going to work or wherever, if we see one of the other vets to say, "Hi." We have outside guests who have come in, great bunch of people that come in. So we look forward to, kind of like a big family reunion when they come up for each month. I'm trying to get as much involved with our veterans group as I can.

Four interviewees did not describe the veteran's club as positive; three specifically stated that membership was a negative experience, and one did not discuss details of his continued involvement. The three who did not report positive experiences seemed to lack the sense of connection between veterans that was reported by the majority of participants, and so felt alienated from both military veterans and civilians.

Discussion

The purpose of the current study was to explore experiences of veterans who had been incarcerated after they left military service, with the goal of increasing understanding about possible relationships between military experiences and criminality. I utilized a qualitative methodology in which incarcerated veterans answered open-ended questions about their experiences before, during, and after active duty. Using these data, I developed a theoretical model and themes to describe the experiences and perceptions of the study participants, as well as the influence of military involvement on their later criminal behavior.

As noted above, interviewees talked themes that were present in various stages of their lives. Participants described two premilitary factors: Belief in a Normal Childhood and growing up in a Military Environment. Upon entering the military, participants talked about Initial Positive Adjustment, followed by Military Disillusionment. As a result of their military involvement, nearly all participants came to experience a sense of disconnection from society after their service ended. This disconnection involved experiences of Reintegration Difficulties, Lack of Support/Sense of Injustice, and Continued Military Identity, that occurred after active duty.

Theoretical Model

Looking across the identified themes from pre- to postmilitary life, it appears that the stages participants described were not distinct but in fact influenced each other in various ways. Information about the veterans' experiences prior to and during their

military involvement was relevant to their postmilitary criminal behavior in order to ascertain what factors did or did not impact their later functioning and incarceration. For example, premilitary factors did not appear to play a role in later antisocial activities for a majority of the sample. However, it is possible that the Belief in a Normal Childhood plus the normalcy of a Military Environment, prompted participants to join the military, rather than follow a different life path. In contrast, active duty experiences seemed important in regard to postmilitary problems. Specifically, a majority of the participants noted they experienced an Initial Positive Adjustment to the military. This initial positivity likely fostered a sense of connection between participants and other military service members and also created a separation between them and civilians. Their later experiences of Military Disillusionment may have damaged this sense of connection, leaving them hurt, angry, and without a clear sense of connection to either the military or society in general. The subtheme of anger directed at the military for leading to later problems likely directly relates to this resulting sense of detachment. As a result, the veterans experienced an overarching disconnection from society that involved multiple Reintegration Difficulties, perceiving a Lack of Support/Sense of Injustice, and a Continued Military Identity with other veterans. Additionally, their problems adjusting to civilian life may have heightened their sense of injustice and lack of services as they sought assistance for coping with their problems and did not find it readily available. After the offense that brought them to OSP, they were able to establish a reconnection with their military identity through membership in the Veteran's Club.

The interconnected nature of these themes was apparent in the participants' statements, particularly in regard to active duty experiences and postmilitary problems. For example, one individual talked about his traumatic experiences during active duty (Military Disillusionment) and his resulting symptoms of PTSD, which he stated he had attempted to address through self-medication with alcohol (Reintegration Difficulties). He described feelings of anger towards both the military and the VA and stated that the military had caused his problems but was not providing the services to help him cope (Lack of Support/Sense of Injustice). Despite his apparent disconnect from the military body and general society, he maintained a prosocial support system through membership in the prison's Veteran's Club (Continued Military Identity).

In sum, the aforementioned themes appear to interact, influencing the participants' experiences throughout their lives. Despite the linear aspect of the theoretical model, the interrelated nature of the themes allows them to overlap and continue to influence other themes that occur in future stages. However, the specific thematic influences I have described remain speculation at this point.

Comparison with Prior Research

Few qualitative studies exist that address imprisoned veterans' life experiences from childhood through their most recent incarceration, and, therefore, some results are not easily compared to current literature. Most prior research with this population involved quantitative studies utilizing comparison groups, such as nonincarcerated veterans or inmates with no history of military service. The present study design does not allow for such comparison of groups in the discussion of results. However, the themes

identified in this study represent trends and topics that are generally consistent with and that augment available literature.

Premilitary. Two themes were identified in relation to participants' premilitary experiences: Belief in Normal Childhood and Military Exposure. A majority of participants reported positive experiences during childhood and denied engaging in either problematic substance abuse or antisocial behavior. In the current study, approximately 36% of interviewees endorsed an arrest history prior to their service that included fighting, stealing, and possession of drugs. Although this seems to be a sizable minority, given that the majority of crimes perpetrated by study participants were considered violent (i.e. sexual crimes), their rate of juvenile offenses seems to be lower than would be expected based on prior research. For example, according to Elliott's (1994) analysis of the longitudinal National Youth Survey, 60% of adults who had committed a serious, violent offense had a juvenile history of committing similar offenses. Thus, it is possible that military involvement increased the likelihood that these participants would engage in adult criminal behavior.

These findings are consistent with some prior literature and inconsistent with other research. For example, Landolfi and Leclair (1976) found that veterans in prison were more likely to be first-time offenders than were nonveterans and were also less likely to have a history of juvenile imprisonment compared to nonveterans. Similarly, the Veteran's Self-Help Project (1987) study indicated that the majority of incarcerated veterans were first-time offenders. The findings of the current study corroborate the

aforementioned results, suggesting that the majority of military recruits do not have a serious criminal history.

In contrast, the U.S. Department of Justice (1981) reported that 60% of imprisoned veterans endorsed a legal history prior to military service, including at least one prior period of incarceration. Shaw et al. (1987) also found substantial difficulties prior to military enrollment. For example, compared to nonincarcerated veterans, twice as many of incarcerated veterans had a history of criminal confinement prior to the military, and 45% of the incarcerated group had dropped out of school prior to service, compared to approximately 33% of the nonincarcerated group. Conard (1998) also found that a majority of military psychiatric inpatients either had a record of premilitary arrests or had been expelled or suspended from school. Given the prior mixed results on premilitary antisocial behaviors, it is difficult to draw a definite conclusion of the representativeness of the current findings in this regard.

Previous researchers did not include a focus on parental conflict found in the current results. It is possible that the military masculinity described by Arkin and Dobrofsky (1978), Karner (1998), and Shefer and Mankayi (2007) might be linked with conflict between son and a paternal figure. Specifically, participants may have sought out military service because they did not have a respected male role model and they believed that military training would foster their masculine development in a way their father figures could not. However, this possibility cannot be explored using the current results.

Participants from the current study discussed having a premilitary background of military exposure, with over half of participants reporting family members and/or friends

who were military members and 81% of participants joining the military directly out of high school. Previous researchers did not examine the percentage of military veterans with family histories of military involvement. However, Arkin and Dobrofsky (1978) described a trend of military recruiters targeting high-school students.

In sum, incarcerated veterans in the present study identified positive premilitary experiences, such as denial of juvenile criminal behavior, that both reinforce and contradict prior research. Additionally, their rate of juvenile offenses seemed to be lower than would be expected based on prior research. Other positive childhood experiences, as well as the description of familial military exposure, have not been addressed in prior studies.

Active Duty. Participants described two themes in regard to active duty: Initial Positive Adjustment and Military Disillusionment. The themes identified during military service are specifically related to what happened in the period between military enrollment and discharge. The present study is unique in that it specifically addressed inmates' perceptions of and experiences with this specific period. Thus, limited research is available for comparison.

A majority of participants described positive adjustment to military culture. This adjustment included a sense of fitting in, as well as acknowledgement of benefits and opportunities afforded by military service. Participants also discussed positive aspects of military structure and training. However, more than half of the participants stated that this positive impression eventually developed into disillusionment the military. This disillusionment was influenced, in part, by experiences of fear during service, substance

abuse, feelings of disrespect, and negative perceptions of the military hierarchy. Prior research on military masculinity (Karner, 1998) has indicated that emotional suppression was an inherent part of military training and that emotions such as sadness and fear were devalued, whereas anger was overvalued. This devaluation of the fearful experiences, and the lesson that such emotions were not allowed to be expressed openly, might have influenced some of the negativity these men came to feel towards the military.

Additionally, the lack of condoned emotional expression may have influenced alcohol and substance use among service members, as such use was likely one of the few acceptable means of coping with difficult emotions in military culture. This use of substances as a means of coping with stress would mirror the findings of Brende (1983), who found that Vietnam soldiers often self-medicated with drugs to cope with combat stress.

In sum, study participants described a gradual change in their perception of the military during military service, from an initial positive impression to a negative one. These impressions have not been the focus of prior research. However, previous research on military masculinity suggested emotional suppression that may have contributed to some of the negativity experienced by the current participants. Additionally, one prior study corroborated these men's experiences of alcohol and substance use during active duty.

Disconnection after Military Discharge. Three themes were identified in relation to disconnection after military discharge: Reintegration Difficulties, Lack of Support/Sense of Injustice, and Continued Military Identity. Nearly every participant

reported experiencing some type of reintegration difficulty after discharge. The most commonly discussed problems involved adjustment to civilian life and interpersonal difficulties, followed by employment problems, PTSD, and alcohol or drug abuse. The current study corroborates prior literature on veteran adjustment after military discharge. Mumola (2000) reported that incarcerated veterans experienced higher rates of substance abuse, employment difficulties, and mental health issues compared to nonveterans. In a comparison of incarcerated and nonincarcerated veterans, Shaw et al. (1987) similarly found that periods of both employment and marriage for veterans in prison were significantly shorter than were comparable periods for veterans out of prison. Specifically, nonincarcerated veterans were able to maintain a stable job or a marriage for approximately twice as long as veterans in prison. Additionally, Milliken et al. (2007) reported that soldiers experienced an increase in mental health and interpersonal problems after 6 months postdeployment, with the largest increase being in the area of interpersonal conflict. In contrast to prior research (Mumola, 2000), a majority of participants from the current study did not report episodes of homelessness. It is notable that the majority of participants did not mention the presence of social support upon discharge, from either friends or family. If this absence of support is true, it may have further increased their sense of isolation.

In regard to alcohol and substance abuse, the current study showed trends that were similar to those in prior research. For example, Mumola (2000) reported a pattern wherein incarcerated veterans were as likely or less likely to endorse problematic drug use, but more likely to endorse heavy drinking, than their nonveteran counterparts.

Similarly, Shaw et al. (1987) found that incarcerated veterans had higher levels of both substance and alcohol abuse relative to nonincarcerated veterans. Conard (1998) also found that a majority of military psychiatric inpatients had a substance abuse or dependence diagnosis. Although a direct comparison cannot be made, the current study showed similarly high rates of problematic alcohol or drug use among participants.

When examining the types of crime perpetrated by study participants, a majority had committed a sexual offense, followed by equal numbers who committed homicide, burglary/theft, or a drug offense. Similarly, the U.S. Department of Justice (Mumola, 2000) reported that incarcerated veterans had high conviction rates for violent crime, such as sexual assault or homicide, and that these rates surpassed those of nonveteran inmates.

A majority of participants discussed a perceived lack of mental health treatment and/or an unfair system after discharge. However, the sense of injustice described earlier may not be specific to incarcerated veterans and might actually represent a commonality among inmates in general. The veteran-specific perceptions included unjust treatment of veterans by the Department of Veteran's Affairs (VA) and Oregon State Penitentiary (OSP), lack of mental health support, and political or legal mistreatment. Over half of participants linked their postmilitary antisocial behavior with their military training, and a small percentage expressed anger at the military. Prior literature does not address similar components, and so these findings cannot be directly compared with previous studies. However, Karner's (1998) research on military masculinity touched on similar themes of anger. In fact, given the descriptions of military masculinity to include physical strength,

emotional control, and anger, it is notable that only a fraction of participants (four of 11) reported feelings of anger at their perceived mistreatment. Additionally, feelings of disconnection from society, paired with adjustment problems described earlier, might factor into the high rates of suicidal ideation and attempts reported by Conard (1998).

All participants reported current association with other veterans through the Oregon State Penitentiary (OSP) Veteran's Club. However, participants differed in terms of the perceived benefit of club involvement. Specifically, a majority of participants stated that club membership was helpful, primarily due to the sense of connection they felt with other military veterans. A small percentage described membership as not being helpful for various reasons, such as not feeling connected to other veterans. The overarching theme of veteran connection speaks to literature on military culture as a microculture, with its own traditions and values. The sense of brotherhood experienced by most veterans may mirror connections held between members of a minority ethnic or religious status, especially when living within a social context that does not necessarily promote the same values. In this way, it is not surprising that veterans feel detached from society at large and seek out other veterans for kinship and support.

In sum, participants identified problems similar to those identified by incarcerated veterans in prior studies, such as interpersonal, employment, substance abuse, and mental health difficulties. Veterans in this study additionally identified perceptions of unjust treatment and loss of services, including discrimination based on veteran status, and termination of mental health services. Finally, study participants reported continued

identification with the military through the OSP Veteran's Club, which represented the military culture as described in research on military masculinity.

Implications

The model developed in the current study could be beneficial to various entities that serve either veterans or active duty service members. Based on the information provided by the study participants, the vast majority of veterans may experience multiple Reintegration Difficulties after discharge. These problems include interpersonal, employment, substance abuse, and mental health difficulties that hinder successful reintegration into civilian life. Such problems may lead veterans to increase their use of government services, such as public assistance and VA services. Additionally, the veterans' sense of disconnection from society at large may keep them from becoming productive citizens who are able to contribute to the economy. Many veterans appear to leave the military with little training for civilian jobs or knowledge of basic tenets of civilian life. They may suffer from service-related PTSD or other mental health problems and not realize these are issues that will negatively impact other areas of their life. Rather than waiting for veterans to seek out assistance, a better way might be to offer services before these problems begin through reintegration programs, including educational classes, training (e.g. job skills), or counseling services that would address many of the aforementioned adjustment problems. These programs would likely be most beneficial offered even before discharge. The provision of these services early on would likely reduce the cost of services later on as these adjustment problems would be addressed before evolving into a protracted issue.

Correctional and forensic institutions that house veterans might benefit by addressing the perceived Lack of Support/ Sense of Injustice experienced by incarcerated veterans. For example, treatment programs could be implemented or modified to address precipitating environmental stressors, such as by including specific interventions to address issues veterans likely experience due to service-related PTSD, substance use problems, and interpersonal conflicts. Also, the appointment of a VA representative or a community-based veteran volunteer to educate imprisoned veterans on their loss of benefits, as well as advocate for their wants, might decrease their sense of alienation from society and foster a more prosocial attitude. By addressing these issues, such treatment programs could possibly lessen the likelihood of recidivism.

Strengths and Limitations of the Current Study

Research with incarcerated veterans has been very limited to date. The few studies conducted were primarily quantitative, providing correlations between military involvement and later maladjustment. Such methodology does not allow for in-depth description of the experiences that influence these later difficulties. Therefore, a strength of the current study is the utilization of a qualitative methodology. The participants' experiences and perceptions from childhood through military service and current incarceration were analyzed for themes that were apparent in over half, and at times nearly all, of the interviews. This consistent responding demonstrates the presence of commonalities among interviewees and the strength of the model. Categories were developed from participants' responses to open-ended questions and, therefore, these

categories accurately represent their perceptions and were not imposed as might occur in other research methods. As such, the results fill a gap in the existing literature.

The current study also had limitations. Given the recruitment facility for the study, there may have been selection effects related to utilizing inmates from a medium-to maximum-security prison, as opposed to a minimum-security facility. Also, although interviewing 11 veterans provided a great deal of information, it was a lower number than originally anticipated. I attempted to collect data from all eligible participants; however, the number of inmates at the facility who responded to the screening questionnaire and met all criteria was small. This small sample was further decreased because five participants were excluded prior to data analysis. Sample size eliminated the possibility for me to examine theme differences by war cohort (i.e. Vietnam, Persian Gulf), which might have yielded informative results. Another limitation was that participants were not interviewed a second time after initial themes had been identified. Ideally, I would have followed up with veterans who had not spontaneously discussed a specific theme (such as a sense of injustice) during the initial interview and asked directly whether or not it applied to them. This might have bolstered support for certain themes, including topics that were not included in the final analysis due to low endorsement. Alternatively, participants could have been shown the model and asked for feedback about whether or not they agreed with it. A final limitation was that the study design was reliant upon each participant's perception of his experience, which may have been inaccurate and subject to bias. Additionally, I was not allowed access to the participants' records and, therefore, could not corroborate their self-report.

Directions for Future Research

Due to the inherent limitations of this study, further research should be conducted to expand upon the themes presented in the final analysis. Specifically, it would be beneficial to replicate this study and correct the lack of follow-up interviews. This inability to conduct a second interview with study participants was a significant limitation of the current study; follow-up interviews may have bolstered support for certain themes and further solidified the accuracy of the model. Once the model was firmly established, the themes could be used as the basis for survey research with a larger sample than would be possible with qualitative research. A larger sample size would allow for comparison and contrast of themes by war cohort, as well as comparison groups, including nonincarcerated veterans and/or veterans who were found Guilty Except for Insanity and veterans of different genders and ethnicities. Several themes or subthemes not examined by prior researchers would benefit from additional research, including childhood experiences, such as parental conflict and a military environment, and themes related to participants' positive and negative perceptions of the military and their postmilitary treatment. Also, future researchers might examine the proposed thematic interactions described earlier. One method for doing so could include a focus group with incarcerated veterans. Further, replicating this study in other parts of the United States or in other countries to determine whether or not the final model is similar to the imprisoned veterans in the Pacific Northwest could yield data that would further strengthen researchers' understanding of incarcerated veterans.

Conclusions

The aim of this study was to create a model of the relationship between military involvement and later criminal behavior. The results were generally consistent with prior research. Specifically, the majority of participants denied histories of juvenile criminal behavior and stated that they had enlisted in the military as teenagers. Participants experienced disconnection from general society after discharge that included multiple reintegration problems and perceptions of unjust treatment by society. Despite the negativity associated with this disconnection from civilian life, participants seemed to benefit from a continued sense of connection with other veterans through their facility's veteran's club.

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Appendix A: Screening Questionnaire

Name and/or SID number: _____

You are invited to participate in a research study being done by a researcher from Pacific University. The study relates to the **experiences of incarcerated veterans before, during, and after military service**. This information may help design programs to support male veterans in prison.

You can participate in this study if you are a man, you are at least 18 years old, you can speak and read English, and you are a military veteran who has served **active duty with combat experience**. Combat experience is defined as “engaging an enemy on the ground with individual or crew-served weapons, while being exposed to hostile fire and to a high probability of direct physical contact with the hostile force’s personnel.”

Please check off one or more of the boxes indicating whether you are a military veteran and whether you want to participate in the study.

- ☐ Yes, I am a veteran and served active duty with combat experience.
- ☐ No, I am not a veteran who served active duty with combat experience.

If you are eligible and want to participate you will be scheduled to meet with the researcher for an interview lasting about 1 hour. If you answered YES to the above question, please select one of the following options:

- ☐ Yes, I am interested in participating in the study.
- ☐ No, I am not interested in participating in the study.

To keep your answers private, please place this paper in the included envelope, seal the envelope, and send it back to the Research Dept.

If you answered yes to the questions, a researcher will be in touch with you. Thank you for your help!

Appendix B: Informed Consent

Informed Consent

1. Study Title

Experiences of Incarcerated Veterans: A Qualitative Study

2. Study Personnel

Name	Uma Sankaram, M.A., M.S.	Genevieve Arnaut, PsyD, PhD
Role	Student Investigator	Faculty Advisor
Institution	Pacific University	Pacific University
Program	School of Professional Psychology	School of Professional Psychology
Email	sank7326@pacificu.edu	arnaut@pacificu.edu
Telephone	(503) 352-2900	(503) 352-2900

3. Study Invitation, Purpose, Location, and Dates

You are invited to participate in a research study being done by a researcher from Pacific University. The study relates to the experiences of incarcerated veterans before, during, and after military service. This information may help design programs to support male veterans in prison.

The study has been approved by Pacific University and will be completed by July 2013. The study will take place at the Oregon Department of Corrections facilities.

4. Participant Characteristics and Exclusionary Criteria

You can participate in this study if you are a man, you are at least 18 years old, you can speak and read English, and you are a military veteran who has served active duty with combat experience. Combat experience is defined as “engaging an enemy on the ground with individual or crew-served weapons, while being exposed to hostile fire and to a high probability of direct physical contact with the hostile force’s personnel.”

The researcher can discontinue the interview at any time. Reasons that the researcher might discontinue the interview include the following: all necessary information was obtained, no more relevant information can be gathered, the interviewee seems very distressed, or the interview has proceeded for 120 minutes and a second appointment will need to be scheduled.

5. Study Materials and Procedures

What will I have to do?

- You will be asked to fill out a questionnaire. This will take about 30 minutes total. The questionnaire will have questions about your background, such as your age, ethnicity, marital status, education, military service, incarceration history, and post-military adjustment.

- You will also be asked to participate in an interview. The interview will be about your pre-military experience, military service, post-military life, and criminal history. It is expected that interviews will last no longer than 120 minutes. If additional time is needed to complete the interview, a second interview date will be set up.

Who else will participate?

- About 20 to 30 other inmates like you will participate in the study.

What will it cost me to participate in the study?

- It will not cost you anything to be a part of the study.

6. Risks, Risk Reduction Steps, and Clinical Alternatives

a. Are there any risks?

- Although we expect that the interview will be a positive experience, it is possible that you may feel sad, angry, or stressed because of some of the questions. If you begin to feel this way, you can talk to a counselor at Behavioral Health Services (BHS) or a staff member you trust.
- Your name was included on a list of potential participants given to the researcher by the DOC. Thus, DOC staff will know that you might participate in the study. DOC staff might also know whether or not you choose to participate in the study because your schedule will show that you are meeting with me for an extended time.
- As a prisoner, you do not have a lot of privacy. In the prison, the researcher may not have complete control over who hears or sees information about you. There is a small risk that authorities might overhear your answers to the researcher during the interview. The researcher will do everything possible to protect your privacy, as described in the next section.
- **This project is for research only. It won't change your sentence in any way. It won't change your parole.**

What are you doing to protect me?

- During the interview:
 - You will answer the questions in a room with the researcher only. DOC staff will not be allowed in the room during the interview.
 - You don't have to answer questions that you do not want to or that could get you in trouble.
 - You do not need to identify anyone in your answers.
 - Your name will not be on the audio recording.
 - You don't have to tell anyone that you participated in this study unless you want to.
 - If you start filling out the questionnaire or answering interview questions and then change your mind, you can stop.

- You won't get in trouble with ODOC or anyone else if you participate or if you don't participate.
- We won't tell **anyone** whether you participate in this project or not. We won't tell the prison. We won't tell your parole officer. We won't tell your counselor. We won't tell the police.
- We also won't tell anyone about what you said on the questionnaire or during the interview, except in one case: We would only have to tell someone else about anything you reported if it falls under the reporting regulations. We would have to tell someone if we learn of danger to self or others, abuse of identifiable children, disabled or elderly persons, staff abuse of inmates, escape plans or attempts, and sexual assaults. If you report any of this information on the questionnaire or to us, we will have to contact an ODOC staff member
- In this study we will need your State Identification Number (SID number) and other personal information (e.g., your name). We will use this information to keep track of who takes the survey. We will keep this information in a locked briefcase separate from your interview answers and will keep it secret.
- Only a secret number - not your name or SID number - will identify the answers to your survey. That way no one can match up your name or SID number with your answers except for the trained researcher.
- When we write or talk about what we learned in this study, we will leave identifying information out so no one will be able to tell whom we are talking about.

b. Unknown Risks

It is possible that participation in this study may expose you to currently unforeseeable risks.

c. Advantageous Clinical Alternatives

This study does not involve an experimental clinical trial.

7. Adverse Event Handling and Reporting Plan

In the event that you become sick, injured, distressed, or otherwise uncomfortable as a result of your involvement in the research study, you may stop your participation immediately. If such an event occurs, promptly notify the principal investigator or the Pacific University Institutional Review Board.

If the investigator(s) become aware of an adverse event, the IRB office will be notified by the next normal business day for minor events (feeling slight distress) and within 24 hours for major events (suicidal ideation). Should an unexpected and/or adverse reaction occur, the researcher from Pacific University will notify a correctional officer or staff member to assist in contacting Behavioral Health Services. The researcher from Pacific University will provide only the information necessary to assist the appropriate personnel to attend to your needs.

If you experience or are directly affected by an adverse event, you will be given the opportunity to withdraw any data collected from you during the study up to publication of the study results.

8. Direct Benefits and/or Payment to Participants

a. Benefit(s)

There is no direct benefit to you as a study participant.

b. Payment(s) or Reward(s)

Participants will not be paid for their participation.

9. Promise of Privacy

The results of this study will be confidential. A secret number, not your name or State Identification Number (SID) number, will identify the answers to your survey, so that no one can match your name or SID number with your answers except for the investigators. Your SID number and name, which we need so we can keep track of who takes the survey, will be kept on a separate piece of paper in a locked file cabinet inside a locked office. Your name and study ID number will also be kept on an electronic list, which will be kept on a password-protected flash drive that only the researchers have access to. The digital lists with your name, SID number, and study ID number will be destroyed after the study is done. All the surveys will be carried in and out of ODOC in locked briefcases that nobody but the researcher from Pacific University can open. When we write or talk about what we learned in this study, we will leave things out so no one will be able to tell we are talking about you.

While you are taking the survey, all rules and regulations of ODOC still count. For example, if you behave badly when you are taking the survey, you could get in trouble and that might have an effect on your parole.

We must follow ODOC Counseling and Treatment Services reporting regulations. We would have to tell someone if we learn of danger to self or others, abuse of identifiable children, disabled or elderly persons, staff abuse of inmates, escape plans or attempts, and sexual assaults. If you report any of this information on the questionnaire or to us, we will contact an ODOC staff member. We will not ask for names of inmates and/or staff who committed the crime and/or their SID numbers. However, if this information is given, the researchers will have to tell BHS. If you do not want this information to be given to BHS, do not tell us any names of people committing these crimes. If at any time a participant discloses that he has committed a crime while in the ODOC, we are required to tell an ODOC staff member. We will also have to tell Institutional Review Board (IRB) at Pacific University by the next business day.

10. Medical Care and Compensation in the Event of Accidental Injury

During your participation in this project it is important to understand that you are not a Pacific University clinic patient or client, nor will you be receiving complete mental health care as a result of your participation in this study. If you are injured during your participation in this study and it is not due to negligence by Pacific University, the investigator(s), or any organization associated with the research, you should not expect to receive compensation or medical care from Pacific University, the investigator(s), or any organization associated with the study. If you are injured and it directly is related to your

participation in this study as a research subject, please contact the Pacific University Institutional Review Board at 503-352-1478.

11. Voluntary Nature of the Study

Your decision whether or not to participate will not affect your current or future relations with Pacific University or ODOC. If you decide to participate, you are free to not answer any question or withdraw at any time without prejudice or negative consequences. If you choose to withdraw after beginning the study we will not use any answers you already completed. If you choose to complete the study, we will keep all de-identified information (demographics questionnaires and interview answers) and the master code list for our records in a locked cabinet for 5 years.

12. Contacts and Questions

The investigator(s) will be happy to answer any questions you may have at any time during the course of the study. If you are not satisfied with the answers you receive, please call the Pacific University Institutional Review Board at 503-352-1478 to discuss your questions or concerns further. If you have questions about your rights as a research subject, or if you experience a research-related injury of any kind, please contact the investigator(s) and/or the IRB office. All concerns and questions will be kept in confidence.

13. Statement of Consent

YES	NO	
_____	_____	I am 18 years of age or over.
_____	_____	All my questions have been answered.
_____	_____	I have read and understand the description of my participation duties.
_____	_____	I have been offered a copy of this form to keep for my records.
_____	_____	I voluntarily agree to participate in this study and understand that I may withdraw at any time without consequence.

Participant's Name (Print)

Participant's Signature Date

Participant's SID number Date

Investigator's Signature Date

Appendix C: Demographics Questionnaire

Age: Highest Grade Completed: Primary Language:

Marital Status: ☐ Not Married

Ethnicity: ☐ Caucasian ☐ African

☐ Married ☐ Divorced ☐ Separated

American

☐ Partnered

☐ Hispanic ☐ Asian ☐ Native

American

☐ Mixed Race ☐ Other

Military Service

1. During what year did you enter service? During what year were you discharged?
2. What branch did you serve in?
3. What was your highest rank?
4. Where did you serve? For how long? (List all locations)

5. Did you participate in or witness direct combat (i.e., engaging an enemy on the ground with individual or crew-served weapons, while being exposed to hostile fire and to a high probability of direct physical contact with the hostile force's personnel)? For how long?
6. What type of discharge did you receive?

Incarceration

7. What charges brought you to prison? (List all)
8. How long is your current sentence?

9. What year did you come to prison on this sentence? What year do you expect to get out of prison?
10. While in prison, have you received any disciplinary reports? How many?
11. While in prison, have you been involved in a fight? How many?
12. While in prison, have you ever been placed in administrative segregation?
13. How old were you when you were first arrested (including juvenile)?
14. How many times have you been arrested in your life?
15. What is the most serious crime for which you have been arrested?

Postmilitary Adjustment

16. Have you ever been homeless since military service? For how long?

17. Have you ever been unemployed since military service? For how long?

18. Before coming to prison:

- a. Have you ever had problems with drinking?
- b. How many times a week do you drink? ☐ 0 ☐ 1-2 ☐ 3-5 ☐ daily
- c. How many drinks do you have at a time? ☐ 0 ☐ 1-2 ☐ 3-5 ☐ 5+
- d. Have you ever tried to cut down your drinking?
- e. Has anyone else said you had a problem with alcohol?
- f. Have you been treated for alcohol problems?
- g. Have you used alcohol while in prison?

19. Before coming to prison :

- a. Have you ever had problems with drug use?
- b. How many times a week do you use drugs? ☐ 0 ☐ 1-2 ☐ 3-5 ☐ daily
- c. What types of drugs do you use? ☐ pot ☐ meth ☐ heroin ☐
lsd/mushrooms ☐ other_____
- d. Have you ever tried to cut down your drug use?
- e. Has anyone else said you had a problem with drugs?
- f. Have you been treated for drug problems?
- g. Have you used drugs while in prison?

20. Have you utilized VA services? For what reasons? (check all that apply)

☐ physical health ☐ mental/behavioral health ☐ dental ☐ case

management,

☐ housing ☐ employment ☐ legal ☐ substance abuse ☐

other_____

Appendix D: Interview Questions

1. Tell me about your premilitary experience.
 - a. Did you have any problems growing up? What was going on?
 - b. How old were you when you joined the military?
 - c. What was your life like before joining the military?
 - d. Were you having any problems? What were they?
 - i. Alcohol/drugs
 - ii. Criminal behavior
 - iii. Education
 - iv. Familial
 - v. Interpersonal
 - vi. Housing
 - e. What was going well?
2. Tell me about your military service
 - a. What led you to join the military?
 - b. What did you notice about the military?
 - c. How well did you fit in?
 - d. What did you like about the military?
 - e. What didn't you like?
 - f. Were you involved in active combat? What happened?
 - g. Did your perception of the military change over time? How so?
 - h. Did you receive any disciplinary infractions? What happened?
3. Tell me about your life after military service
 - a. How was it getting back into civilian life? Were there any problems? What was easy?
 - b. After being in the military, what crimes did you commit? What was going on at the time?
 - c. What other problems have you had since then?
 - i. Substance abuse
 - ii. Unemployment
 - iii. Housing
 - iv. Relationship problems
 - d. What went well?
 - e. How has being in the military influenced your life?

4. Tell me about your criminal history
 - a. You did some crimes earlier before joining the military. Were they different from your crimes after the military? How so?
 - b. What was the same, if anything?
 - c. Did any crimes before the military impact your military experience? How?
 - d. What about after leaving the military? Did your military experiences affect later crimes? How?
 - e. What might have kept you from committing crime after leaving the military?
 - f. Do you know any other veterans in prison who you talk to?

5. Is there anything we have not talked about that you think is important for me to know?